



# WALTON COUNTY SHERIFF'S OFFICE

WCSO 10-39  
07/2015

## RELEASE OF LIABILITY OR RESPONSIBILITY OF INJURY/HARM WHILE AWAITING, PARTICIPATING OR LEAVING ANY AREA FOR THE PURPOSE OF PHYSICAL ABILITIES AND SWIM TESTING

Sheriff Michael A. Adkinson, Jr., members of the Walton County Sheriff's Office, and Walton County Government hereinafter referred to as: "the Sheriff's Office", and any person applying for employment with the Sheriff's Office, hereinafter referred to as: "participant", who is participating in the Physical Abilities and Swim Testing at the Sheriff's Office, shall hold harmless the Sheriff's Office for any liability, responsibility for any injury/harm whatsoever sustained while in the process of having the Physical Abilities and Swim Testing administered.

Participant signing this release from liability or responsibility of injury/harm agrees to hold the Sheriff's Office, Walton County, The State of Florida, and any other public agency or entity harmless in any way of any physical/mental/injury/harm whatsoever sustained or caused while in the building of any designated area of the Sheriff's Office, or any other Sheriff's Office premises under the control of the Sheriff's Office or any other public entity, while awaiting, participating, or leaving any area for the purpose of Physical Abilities and Swim Testing.

Participant signing this release further agrees that any family member of participant may not hold the Sheriff's Office liable or responsible for any further purpose of Physical Abilities and Swim Testing.

Participant signing this release further agrees that by signing this form, he/she has read this form in its entirety and has not been promised, threatened, induced or coerced to sign this form, but signs this form knowingly and of their (participant's) own free will.

\_\_\_\_\_  
Signature of "Participant"

\_\_\_\_\_  
Printed Name of "Participant"

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature