



Nassau County Sheriff's Office

Sheriff Bill Leeper

**NASSAU COUNTY SHERIFF'S OFFICE
WOMEN'S SELF DEFENSE CLASS
GENERAL RELEASE AND WAIVER OF LIABILITY**

The undersigned participant, _____ (print name), a volunteer participant of the Nassau County Sheriff's Office Women's Self Defense Class (hereafter "NCSO WSDC"), in consideration for the privilege of participation with, and receiving the training and experience resulting from, the NCSO WSDC, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents (collectively "Releases"), relating to any and all participation, relating to any and all participation in whatever activity or form, as a participant in the NCSO WSDC, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property. The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO WSDC, including but not limited to, physical exertion that is similar to participating in a physical fitness training and exercise program, learning and practicing hand strikes, knee strikes, kicking, escaping from holds including a choke hold or front hold, and grappling techniques, collectively similar to the study of martial arts. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned. The undersigned hereby acknowledges, agrees and understands the NCSO WSDC is only designed to expose the participant to defensive techniques and does not make the participant an expert or even a novice in martial arts. The undersigned participant agrees to hold harmless and indemnify the Releases for all claims arising from personal injury, death, or property damage should the participant improperly use any learned techniques, or if the techniques are ineffective for the purpose intended by the Participant.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the

laws of the State of Florida. This Release has been read and fully understood by the undersigned. It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of Participant

Date

Sworn to and subscribed before me this _____ day of _____ (month), 2016, by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires: