



HAMILTON COUNTY SHERIFF'S OFFICE
CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.

WAIVER OF LIABILITY
MAT Room Training

I, _____, hereby waive any rights to sue or otherwise attempt to collect from the Hamilton County Sheriff's Office, any employee or members of such office or Hamilton County, Indiana itself, for any damage resulting from personal injury, property damage, or other loss incurred while participating in MAT Room Training or while observing in any way the functions of the Hamilton County Sheriff's Office, it's employees or members. This waiver knowingly given as a consideration for the opportunity to observe the functions of the Hamilton County Sheriff's Office and people in its employ.

I have read this document carefully and understand its effects and meaning. I hereby swear that I am a competent adult, eighteen (18) years of age or older, and has executed this waiver knowingly and without any undue influence by anyone.

Name Printed: _____

Date: _____

Signed: _____