



# OFFICE OF THE SHERIFF

FORSYTH COUNTY, NORTH CAROLINA

*Sheriff William T. Schatzman*



## Waiver and Release Form

I, \_\_\_\_\_, a participant in the FCSO Physical Abilities Testing offered by the Forsyth County Sheriff's Office, for and in consideration of the opportunity to participate in the program, do hereby agree as follow:

1. I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions or causes of action, against Forsyth County, its officers, agents and employees, of whatever kind or nature that may arise in any manner by reason of injury or damage to my person or property or both while participating in this program in any manner
2. I hereby covenant and agree that I will never instigate any suit or action against Forsyth County, its officers, agents or employees, for damages or loss or injury or both which may arise in any manner while I am participating in this program.
3. I hereby covenant and agree to hold harmless Forsyth County, its officers, agents and employees for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program
4. I understand that my participation in the program is completely voluntary.

I further declare and acknowledge, by my signature set out below, that I have read the description of the appropriate FCSO Physical Abilities Test, (Deputy Sheriff or Detention Officer), in its entirety and fully understand that such test may require arduous physical exercise, and I further declare that I am physically capable of participating in said program of exercise and knowingly, intelligently and voluntarily waive any and all rights or claims against Forsyth County for injuries resulting therefrom.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legally binding document.

Participant's Signature: \_\_\_\_\_

Print Participant's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_