

COFFEY COUNTY SHERIFF'S OFFICE

625 Neosho St, 1st Floor
Burlington, KS 66839
620-364-2123



Thomas L. Johnson, Sheriff

Eric L. Smith, Undersheriff

WAIVER OF LIABILITY

I, _____, being of legal age do hereby and here on agree that I shall assume all liability of my actions in connection with my participation in riding with an employee of the Coffey County Sheriff's Office in Coffey County Sheriff's vehicles and equipment.

I understand and agree to hold harmless all persons and organizations connected with the Coffey County Sheriff's Office and Coffey County for any and all damages or injuries that I may incur prior to, during, or after my participation in this activity. Whether caused by negligence or fault of any person or organization connected with the Coffey County Sheriff's Office, Coffey County, or any other reason.

I further agree that I will indemnify all persons and organizations connected with the Coffey County Sheriff's Office or Coffey County for any and all of my actions that reasonably cause any damage or injury to any person or organization connected with the Coffey County Sheriff's Office or Coffey County who may be held liable for any actions taken by me.

I further agree that I am voluntarily participating in the activity at my request and not for any other reason. I understand that a background check and/or an investigation will be conducted to find if I am eligible to participate in this activity.

Signature of Waiving Party: _____

Driver's License #: _____

Signature of Parent or Guardian: _____ Date of Birth: _____

(Both waiving party and parent/guardian signatures must be notarized)

Notary:

Witness this _____ day of _____ 20____.

Notary Signature: _____

(Stamp)

Office Use Only

- DL Check _____ Date/Completed By _____
- KS CHRI _____ Date/Completed By _____
- III _____ Date/Completed By _____
- Supervisor Signature _____ Date/ Completed By _____