

GENERAL RELEASE OF ALL CLAIMS

THIS AGREEMENT made this _____ day of _____ 2017, by and between _____, herein termed "Releasor", and the Pinellas County Sheriff's Office, Jim Coats, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, jointly termed "Releasee", is a release whereby the Releasor extinguishes his/her rights and claims against Releasee, the Pinellas County Sheriff's Office, Jim Coats, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents as herein set forth below.

NOW, THEREFORE, in consideration of the Releasee permitting _____ to participate in a Jail Activity on _____, 2017, at the Pinellas County Jail, the Releasor does agree as follows:

1. The Releasor hereby fully releases and discharges Releasee, his successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which Releasor may have against Releasee and the above-named successors arising out of _____ participating in the Jail Activity.

2. This Release is intended by the parties to release all claims for injuries, damages, or loss of any kind whatsoever to Releasor, his/her persons or property, real or personal, whether known, unknown, foreseen, or unforeseen, which Releasor may have against Releasee including, but not limited to, those caused by the negligent acts or omissions of Releasee. Releasor understands and acknowledges the significance and consequences of such specific intention to release all claims and does hereby assume full responsibility for any and all injuries, damages, and/or losses that may incur from participating in the Jail Activity.

3. In signing this document, I understand that I am releasing or giving up certain potential legal rights and I further acknowledge that I have been advised that I may wish to seek the advice of legal counsel prior to signing this document. Being so informed, I knowingly and voluntarily execute this release and waiver.

THIS RELEASE IS FREELY AND VOLUNTARILY EXECUTED BY SAID RELEASOR AND SAID RELEASOR ACKNOWLEDGES THAT HE/SHE IS WAIVING AND GIVING UP CERTAIN RIGHTS. SAID RELEASOR FURTHER ACKNOWLEDGES THAT HE/SHE HAS READ THIS DOCUMENT AND IS FULLY AWARE OF THE CONSEQUENCES THEREOF.

Printed Name: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 2017, by _____, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Signature

Title

Type, Print, or Stamp Name

Serial No

My commission expires: