



## CARSON CITY SHERIFF'S OFFICE

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### WAIVER OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK

911 E. Musser St. · Carson City, Nevada 89701

### **K-9 UNIT CHALLENGE WAIVER FORM**

THIS FORM MUST BE COMPLETED, SIGNED AND PROVIDED TO THE CARSON CITY SHERIFF'S OFFICE BEFORE YOU ARE ALLOWED TO PARTICIPATE IN THE K-9 UNIT CHALLENGE. FAILURE OR REFUSAL TO SIGN THIS FORM WILL RESULT IN IMMEDIATE DISMISSAL FROM K-9 UNIT CHALLENGE ACTIVITIES.

**WAIVER AND INDEMNIFICATION:** In consideration for the permission granted to me to participate in the K-9 Unit Challenge hosted by the Carson City Sheriff's Office (hereinafter "CCSO"), I, for myself, my heirs, personal representatives or assigns, **do hereby covenant not to sue and release, waive, and discharge** Carson City, the CCSO and their officers, employees and agents from liability from **any and all claims, including, without limitation, the negligence of Carson City, the CCSO and their officers, employees and agents**, resulting in property damage or personal injury, accident, illness or death relating to or arising from my participation in this testing. I hereby also agree to **indemnify, defend and hold harmless** Carson City, the CCSO and their officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, without limitation, attorney's fees, resulting from my participation in the K-9 Unit Challenge.

**ASSUMPTION OF RISKS:** I fully understand and accept that this event is physically demanding and my participation may carry with it certain unknown and unforeseeable risks that cannot be eliminated regardless of the care taken to avoid bodily injuries and/or property damage. I also fully understand and accept that there is a possibility of sustaining injury, illness or even death from my participation in this event, and that the activities related to this event may also complicate pre-existing conditions that I am currently unaware of. **I understand and accept that it is my duty to seek the advice of a physician or other medical professional before I participate in this event. I declare, to the best of my knowledge, that I am in good health and sound physical condition and have no disability or impairment or health condition that would prevent me from safely participating in this event.** I agree that it is my responsibility to monitor my individual physical performance and to immediately stop event activates if I have reason to believe that I am experiencing any abnormal reactions. I also agree that in the event of a medical problem, any expense arising from required care or transportation is my sole and exclusive responsibility. **I have carefully read this paragraph and hereby assert that my participation in this event is completely voluntary and that I knowingly assume all risks.**

**SEVERABILITY:** I understand and expressly agree that this waiver of liability and assumption of risk is intended to be as broad and inclusive as may be permitted under the laws of the State of Nevada and that if any portion of this waiver form is held invalid and unenforceable, all other portions not held to be invalid and unenforceable continue to be in full force and legal effect and binding upon me.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** *I have read every part of this waiver form and I fully understand its terms and conditions. I further understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature for this document to be a complete and unconditional release of any and all liability to the greatest extent allowed by law.*

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Signature of Participant

Printed Name of Participant

Date