Buncombe County Sheriff's Office 60 Court Plaza, 4th Floor East

Asheville, NC 28801

Sheriff Van Duncan Sheriff's Citizens Academy Release Form

The Buncombe County Sheriff's Office will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or
damages will occur through participation in our programs.
I, (print FULL NAME) in consideration
of permission to participate in the Sheriff's Citizen's Academy, do hereby remise, release and
forever hold harmless Buncombe County and the Buncombe County Sheriff's Office, their staff,
employees, agents, and assigns, from any responsibility, obligated, cause of action, claims and
demands of whatsoever kind of nature arising from any responsibility, cause of action, claims
and demands of whatsoever kind of nature arising from or by reason if any and all known and
unknown, foreseen bodily or personal injuries to myself, damage to my personal property or
injury or damage to property of others caused by me growing out of or resulting from or
incident of my participation in the activities of said Buncombe County Sheriff's Office program.
Furthermore, I fully understand that participation in the activities of said program is purely
voluntary and that the activities of said program may involve risks and hazards of bodily injury
or property damage sustained through participation in the activities of said program.
I further state that I am in proper physical condition to participate in this activity. In addition, I
fully understand that Buncombe County and the Buncombe County Sheriff's Office, its staff,
employees, agents, and assigns are under no obligation or duty to provide a physical examination
or other evidence of my fitness to participate in these activities; said examination being my sole
duty and responsibility.
Please read this entire document before signing. This document releases Buncombe
County and the Buncombe County Sheriff's Office, its staff, agents, and assigns from any liability from your participation in the above described activity.
Signed:
Date: