



Matthew Clifford, Sheriff

## ACSTC TRAINING PARTICIPANT CONSENT FORM/WAIVER

125 W. TAYLOR AVENUE, SUITE 600, MERIDIAN, IDAHO 83642

Participant's Name:	Phone Number:
Address:	City:                      State:                      Zip:
Emergency Contact Name:	Emergency Contact Phone:

### RELEASE, WAIVER OF LIABILITY AGREEMENT

~ Please initial next to each section and affix your signature at the bottom~

~If the participant is under 18, then have the parent or guardian initial~

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian or participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity. The undersigned parent and/or legal guardian and participant understand that Ada County Sheriff's Office (ACSO) has no responsibility or liability for injury resulting from this activity. \_\_\_\_\_ (initial)

I am aware there are risks and hazards connected with police training. I give consent for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable Idaho law. Additionally, I understand there may be unknown risks and hazards connected with both scenario or reality-based training. I hereby elect to voluntarily participate in trainings with ACSO and to enter the above discussed locations and engage in activities knowing that conditions may be hazardous or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that maybe sustained by me, or any loss or damage to property owned by me, as a result of my being a participant or observer in reality-based trainings. I agree that myself and my heirs will hold harmless Ada County and the ACSO for any loss, property damage, or any personal injury, including death. \_\_\_\_\_ (initial)

I am not currently experiencing any medical issues that would preclude me from participating in any reality-based training. If I have any physical limitations or previous injuries, I will notify training staff prior to the beginning of the training scenario. \_\_\_\_\_ (initial)

I will follow all directions given to me by the ACSO training staff and/or the person(s) responsible for hosting the training scenario. \_\_\_\_\_ (initial)

Parent or Guardian Signature:	Date:
Participant Signature:	Date:
Staff Signature:	Date: