HILLSBOROUGH COUNTY SHERIFF'S OFFICE
RISING STARS LEADERSHIP ACADEMY

RELEASE AND INDEMNIFICATION AGREEMENT

Date:_____

Name of Student/Child:_____ Leadership Academy Program Dates:_____

I hereby give consent and grant permission for my Student/Child to participate in the Hillsborough County Sheriff's Office ("HCSO") Rising Stars Leadership Academy on the above-referenced Program dates.

I understand and agree that the Program will involve events, presentations, and training conducted by HCSO employees or representatives. Said Program will be scheduled on days and times set by HCSO. I further understand that HCSO expressly reserves the right to restrict or modify the Program, as necessary.

I understand and agree that, during the Program, my Student/Child will be allowed to visit or use certain facilities, equipment and locations. My Student/Child will maintain all facilities, equipment, and locations in the appropriate condition and will be responsible for all necessary clean-up and/or repair of said facilities, equipment, or locations, as determined by HCSO.

I understand and agree that my Student/Child will abide by any and all administrative, operational, and safety commands, rules, or regulations established or given by HCSO employees or representatives, at all times during the Program. I understand and agree that a breach of any such command, rule, or regulation may result in my Student/Child's immediate termination from the Program, as determined by HCSO.

I understand that participation in the HCSO Rising Stars Leadership Academy may involve certain inherent risks or dangers of which a reasonably prudent person would be aware. I acknowledge and agree that, on behalf of my Student/Child, I will assume any risks inherent in participating in this Program.

I hereby release HCSO and it's employees or representatives, from any and all liabilities, claims, demands, or litigation arising from any injury, loss, or death, that occur to me, to any other person, or to any property, arising out of my Student/Child's participation in the Program.

I agree to protect, indemnify and hold harmless, HCSO and it's employees or representatives, from any and all claims, demands, or litigation brought by any person, firm, or corporation, from any liability arising out of my Student/Child's participation in the HCSO Rising Stars Leadership Academy. This includes claims, demands, or litigation for any injury or death to any person or for damage to any property, real or personal, from the actions or negligence of my Student/Child.

I understand and agree that this Release and Indemnification Agreement shall remain in full force and effect during all times that my Student/Child is participating in the HCSO Rising Stars Leadership Academy.

I understand and agree that, to the extent that they are applicable, HCSO, HCSO employees and representatives, do not waive and hereby invoke all limitations found in Florida Statute §768.28 or the Federal Tort Claims Act, 28 U.S.C. § 2671 et seq.

I agree that I have read this Release and Indemnification Agreement and I understand all of the terms herein and am voluntarily entering into this Agreement on behalf of myself and my Student/Child.

By signing below, I hereby warrant that I am 18 years old or more and competent to enter into this Release and Indemnification Agreement and that I have completely read and fully understand this document and agree to be bound thereby.

_____	_____	_____
Name of Student/Child	Signature of Student/Child	Date

If the Student/Child is 17 years old or younger, both Parent/Legal Guardian signature(s) are required

I hereby give consent and grant permission for my Student/Child to participate in the Program described above. On behalf of myself and my child, I understand, accept, and agree to all terms and conditions of this Agreement, as detailed above, and certify that I have the authority to make decisions for my child and to enter into this Agreement on behalf of myself and my child.

_____	_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
_____	_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date