

Santa Rosa County Sheriff's Office

Sheriff Bob Johnson

Hold Harmless

The undersigned, _____, in the matter of the Citizen's Law Enforcement Class, hereby acknowledges that they have been informed of all scenarios which may be played out in this class and hereby affirms that they have no health issues, physical, mental or emotional which could preclude their participation in this class. The undersigned hereby agrees to hold harmless the Santa Rosa County Sheriff's Office, its agencies and employees, and the Florida Sheriff's Self-Insurance Fund (FSSIF) from any claims of any kind whatsoever or of any nature pertaining to the release of my name, my likeness, or my job title. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Santa Rosa, Florida, its servants, agents, or employees.

Signature
Print name:

Date

STATE OF FLORIDA)
COUNTY OF SANTA ROSA)

BEFORE ME, the undersigned authority, on this the _____ day of _____, 20__ personally appeared _____; known to me (or having provided to me identification as the basis of satisfactory evidence), to be the person whose name is subscribed on the foregoing document.

NOTARY SEAL

Notary Signature _____
Affiant ___ known ___ unknown:
I.D. produced _____