**LIABILITY WAIVER**

*Waiver - release from liability and assumption of risk agreement.*

**In signing this release, I assert that**:

1. I am signing in good physical and mental health.
2. I have no reason to believe that I am not in good physical and mental health.
3. I am fully aware of and do acknowledge and assume all risk of injury inherent in my participation in this seminar.
4. I hereby waive and release Law Enforcement Training Advisory Commission, Mobile Team Unit #10, its employees, instructors, assistant instructors and any other hosting agency, for any physical and/or mental injury sustained by me as a result of my participation in the program listed below.
5. I have read and fully understand the terms and conditions of this agreement.



Name of Program



Date of Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name Clearly

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date