

Name: _____ Training Attending: _____

Address: _____

Phone: _____ Dates: _____

RELEASE

In consideration of being allowed to utilize and benefit from training and the use of certain facilities and equipment, namely _____,

(Identification of facility and specific equipment to be used)

In connection with my training by and through the Meridian/Lauderdale County Public Safety Training Facility, the undersigned, being above the age of twenty-one years and suffering under no legal disability or inhibiting medications, does hereby and shall forever release, hold harmless and indemnify the City of Meridian, County of Lauderdale and all of each one's agents, officers, officials, employees and/or representative from all claims, demands, actions, in law or equity, judgments, and/or executions, which I ever had, now have, may have or which my heirs, executors, administrators or assigns may have or claim to have against either Mississippi Local Governments or its agents, officials, employees and/or representatives for any and all deprivations, violations, personal loss or injury and/or property damage, known or unknown, caused by, arising out of or relating to the above described training, facilities, equipment and/or activities. I further waive any claim to compensation or indemnification arising out of or relating to the above training realty, equipment or activities. I understand and acknowledge that I am engaging in these activities at my own request and risk.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

This the _____ day of _____, 20_____.

Releaser/Indemnitor: _____

Witness: _____