GENERAL RELEASE OF ALL CLAIMS

THIS AGREEMENT made thisday of	2013, by and between	, herein
termed "Releasor", and the Pinellas County Sheriff's Office		
appointees and agents, jointly termed "Releasee", is a relea	se whereby the Releasor extinguishes his/her rights a	and claims against Releasee, the Pinellas
County Sheriff's Office, Robert Gualtieri, Sheriff of Pinellas		_
below.		
NOW, THEREFORE, in consideration of the Releasee perm	itting	to participate in a Jail Activity
on, at the Pinellas	County Jail, the Releasor does agree as follows:	
The Releasor hereby fully releases and	discharges Releasee, his successors, heirs, executors, a	dministrators and assigns from all rights
claims, and damages, whether to person or property, whether l		
may have against Releasee and the above-named successors a		• • •
Jail Activity.		
•		
2. This Release is intended by the parties	to release all claims for injuries, damages, or loss of	any kind whatsoever to Releasor, his/her
persons or property, real or personal, whether known, unknow	rn, foreseen, or unforeseen, which Releasor may have a	gainst Releasee including, but not limited
to, those caused by the negligent acts or omissions of Release	ee. Releasor understands and acknowledges the signif	icance and consequences of such specific
intention to release all claims and does hereby assume full re	sponsibility for any and all injuries, damages, and/or lo	osses that may incur from participating in
the Jail Activity.		
 In signing this document, I understand t 	hat I am releasing or giving up certain potential legal ri	ghts and I further acknowledge that I have
been advised that I may wish to seek the advice of legal coun	sel prior to signing this document. Being so informed,	, I knowingly and voluntarily execute this
release and waiver.		
THIS RELEASE IS FREELY AND VOLUNTAR	ILY EXECUTED BY SAID RELEASOR AND SAID	RELEASOR ACKNOWLEDGES THAT
HE/SHE IS WAIVING AND GIVING UP CERTAIN RIGH	ITS. SAID RELEASOR FURTHER ACKNOWLED	GES THAT HE/SHE HAS READ THIS
DOCUMENT AND IS FULLY AWARE OF THE CONSEQU	JENCES THEREOF.	
Signature - Parent and/or Legal Guardian	Print - Parent and/or Legal Guardian	
of	of	
Signature - Name of Minor Child	Print - Name of Minor Child	-
STATE OF FLORIDA COUNTY OF PINELLAS		
The foregoing instrument was acknowled	lged before me this day of _	
by	·	me or who has produced
	as identification and who did/did not take an oat	1
Signature	Title	
Type Print or Stamp Name	Carial Na	
Type, Print, or Stamp Name	Serial No	
My commission expires:		
,		