

NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE  
**RELEASE OF LIABILITY**

This Release of Liability must be completed by each individual ("Releasor") prior to his or her participation in training activities conducted by the Nevada County Sheriff's Search and Rescue ("NCSSAR") who are not already current members of NCSSAR with completed registration as a Disaster Service Worker.

1. To the fullest extent authorized by law, RELEASOR, for himself, his heirs, executors, administrators and assigns, does hereby and forever release and discharge COUNTY, the State of California, and their employees, agents, independent contractors and representatives, and any property owners of any private property utilized during training, from any and all claims, demands, actions, causes of action, damages, costs, fees and expenses, including reasonable attorney fees and costs, which RELEASOR may incur as a result of participating in search and rescue training activities, including any damages or losses caused by the passive or active negligence of the released parties, or hidden, latent, and/or obvious defects in the premises or equipment used.
  
2. RELEASOR understands and acknowledges that search and rescue activities have inherent dangers, including possible physical injury and death, that no amount of care, caution, instruction, or expertise can eliminate, and RELEASOR is expressly and voluntarily assuming all risks of physical injury, death, illness, or other personal injury or economic losses that may be sustained while participating in search and rescue training activities, including any damages or losses caused by the passive or active negligence of the released parties, or hidden, latent, and/or obvious defects in the premises or equipment used.
  
3. RELEASOR expressly warrants and agrees that he has been afforded a full opportunity to review this Release and ask any clarifying questions. RELEASOR has read and reviewed this Release in its entirety and is aware of its contents and legal effect, and warrants that he is voluntarily signing this Release.

Name of Participant: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Contact Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if under 18 years of age)

Name of Parent or Guardian (please print): \_\_\_\_\_