



Eric Aden, Okaloosa County Sheriff

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HR 218 Retired Officer

Release / Waiver of Liability

l, being 18 years of age or older, do hereby agree to the following
terms and conditions related to the use of the Okaloosa County Sheriff's Office Public Safety Training Center
(OCSO PSTC) to include classroom(s) and live fire ranges.
In consideration for utilizing the range facilities at the Okaloosa County Sheriff's Office Public Safety Training Center located at 650 Chappie James St. SW Crestview, Florida for training purposes and other valuable consideration, the undersigned does RELEASE, WAIVE, DISCHARGE AND CONVENANT not to sue the Okaloosa County Sheriff's Office, their officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, injury, including death, that may be sustained by me, my employees or to any property belonging to me or my employees, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such training activity, or while in on or upon the premises where the activity is being conducted.
I further hereby agree to INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity on the premises, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.
 a) I will abide by the following rules and regulations governing use of OCSO PSTC b) I will abide the instructions given by OCSO PSTC Range Master and all OCSO Range Instructors
 violations of PSTC rules and regulations may result in the participant being permitted to further utilize the PSTC
d) All injuries or training accidents shall be reported immediately to OCSO PSTC staff.
4) I understand that I bear the responsibility of any medical costs associated with an injury I sustain. In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it.
In witness whereof, I have hereunto set my hand on this agreement this date
Printed Name: Date:
Signature:

