



Charles County Sheriff's Office
Corrections Division



RELEASE OF CLAIMS

Name and Address of Volunteer/Facilitator: _____

Name of Program: _____

Location: Charles County Detention Center
La Plata, Maryland 20646

I, _____, have indicated my desire to enter into and/or participate as a volunteer at the Charles County Detention Center, Charles County, Maryland. I understand and accept that the Detention Center is an inherently dangerous place, and my presence there may result in injury to myself, up to including death and/or dismemberment. I understand and accept that numerous dangerous activities may occur at this location during my presence, and I willingly accept these inherent dangers in consideration of being allowed to enter into and/or participate as a volunteer at this location. I understand that the Charles County Detention Center does not provide insurance to cover either the above-described program or the transportation to or from such program.

Legal waiver and Release

I hereby release the State of Maryland, Charles County, Maryland, the Charles County Sheriff's Office, the Charles County Detention Center, and all of their respective officers, servants, agents, and employees from all actions, causes of actions, claims, damages, demands, judgements and executions of any and every kind or nature whatsoever that may arise from participation in the above-described program and agree to indemnify and hold harmless the Detention Center and their officers, servants, agents and employees from all claims or causes of action in connection therewith.

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

Signature of Volunteer/Facilitator

Date

Witness

Date