Albany County Sheriff's Office
16 Eagle Street
Albany, NY 12207
(518) 487-5400
contactsheriff@albanycounty.com

THIS IS A LEGAL DOCUMENT - DO NOT SIGN UNLESS YOU FULLY UNDERSTAND
THE TERMS AND CONDITIONS CONTAINED HEREIN.
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RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Name of Participant_____

The above named Participant hereby, individually and on behalf of his/her heirs, executors, administrators and assigns, agrees that in consideration of the privilege of being allowed to participate in the Albany County Sheriff's Department's Civilian Police Academy Program he/she will and hereby expressly agrees to release from liability, hold harmless and indemnify the Albany County Sheriff, the Albany County Sheriff's Department and the County of Albany and each of their officers, employees, agents and insurers from all demands, claims, suits, liabilities, costs and/or expenses, in connection with injuries or death to persons and/or damage to property or by reason of any other matter relative or incident to the undersigned's participation in the Albany County Sheriff's Department's Civilian Police Academy Program, excepting: (1) those demands, claims, suits, liabilities, costs and/or expenses, in connection with injuries or death to persons and/or damage to property or by reason of any other matter relative or incident to the undersigned's participation in the Albany County Sheriff's Department's Civilian Police Academy Program to the extent the injury or damage to which they relate was caused or contributed to by the intentional wrongful act, negligent act and/or other fault of the Albany County Sheriff, the Albany County Sheriff's Department and/or the County of Albany and/or any of their officers, employees, agents and insurers, and (2) those demands, claims, suits, liabilities, costs and/or expenses, in connection with violation of any law, code, rule or regulation imposed upon the Albany County Sheriff, the Albany County Sheriff's Department and/or the County of Albany and/or any of their officers, employees, agents and insurers.

The above named Participant hereby affirms that he/she has read, understands, and has voluntarily signed this Agreement.

Participant's Signature_____ Date _____

Participant's Address _____

Participant's Date of Birth _____Last four digits of Participant's SSN _____

ACKNOWLEDGMENT

STATE OF NEW YORK)
) SS.
COUNTY OF ALBANY)

On the _____ day of _____ 20___, before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the above Agreement and acknowledged to me that he/she signed the same, and that by his/her signature, he/she executed the above Agreement.

_____ NOTARY PUBLIC - STATE OF NEW YORK