

**INDEMNITY AND HOLD HARMLESS AGREEMENT
WASHOE COUNTY SHERIFF'S OFFICE
SEARCH AND RESCUE PROGRAM
VOLUNTEER SERVICE**

RELEASE OF ALL CLAIMS AND OF LIABILITY

The undersigned does hereby certify that I am in good physical condition and capable of performing the required tasks of a Search and Rescue Member, and hereby, for myself, my heirs, executors, and assigns, or any person for whom I have or may have legal authority to represent, release and forever discharge Washoe County, its respective officers, employees, and agents from any and all liability, claims, demands, damages, actions or causes of action arising from or by reason of any injury to or death to me or any person or any damage to or destruction of property resulting from or arising out of any accident or occurrence during or in connection with the Volunteer Service described below, or any other activity of the undersigned on behalf of Washoe County, whether or not such injury, death, or damage is caused, or alleged to be caused, by the negligence, active or passive, of Washoe County, its respective officers, agents, and/or its employees.

This Release and Indemnity Agreement is given in consideration of and as a condition of Washoe County, its respective officers, agents and employees permitting the undersigned to perform said volunteer services.

This Release includes, but is not limited to any claim, demand, or cause of action, which might be caused, by any act or failure to act of Washoe County, its respective officers, agents and /or employees.

I also agree to be responsible for defending and paying or otherwise resolving any claims against Washoe County or any person for whom Washoe County is alleged to be legally responsible where such claims are based on or alleged to be based on actions of myself or person other than County officers or employees all at no cost to Washoe County.

I, the undersigned, have read this Release and Indemnity Agreement and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I am prepared to accept my full responsibilities.

Dated this _____ day of _____, 20____.

(THIS IS A COMPLETE RELEASE. READ IT BEFORE SIGNING)

Applicant's Printed Name

Applicant's Signature

Witness Printed Name

Witness Signature

**CONSENT TO BACKGROUND
WASHOE COUNTY SHERIFF'S OFFICE
SEARCH AND RESCUE PROGRAM
VOLUNTEER SERVICE**

I, _____, do hereby confirm that I am not a party to, nor interested in any case, whether opened or closed, as a defendant or otherwise, managed by any division within the Washoe County Sheriff's Office. If such is not the case, please explain:

Further, I, _____, fully understand that due to the nature of my employment, volunteer or intern/externship program, all information proprietary to the participating organization is to be held in strict confidence. No information is to be discussed, conveyed, or otherwise disseminated by the undersigned to anyone except those authorized by the supervising personnel of the Washoe County Sheriff's Office. Failure to comply with this agreement may result in legal action and/or removal from the Search and Rescue Program.

Further, I, _____, do hereby waive any privilege or right of privacy and authorize the Washoe County Sheriff's Office, or its assign, to inquire, examine into, and otherwise check any background information, reference, or other data which that Office deems necessary and/or appropriate in assessing whether or not I should be employed or otherwise intern or provide volunteer services to said Office.

The following information is supplied to facilitate completion of the Criminal History check before you begin your employment, intern/externship, or volunteer services with the Washoe County Sheriff's Office.

Name: _____

Social Security Number: _____ Driver's License # _____

Birth Date: _____

Other Names: _____

Home Address: _____

City/State/Zip: _____

Phone Contact Information: _____

Employment Information: _____

Business Phone: _____

Applicant's Signature