

## Liability Waiver Request Form

The undersigned agrees to participate in the Community Service Program established pursuant to T.C.A. § 40-25-123(c)(1)(B) and (c)(2).

I understand that assignments will consist of any projects beneficial to Knox County and the community.

I further understand that by virtue of my participating in this Community Service Program that there is a possibility of my being injured in some way and that neither Knox County nor the Court Clerk nor his office carries insurance to protect me.

I further understand that I must maintain my own personal safety and the safety of others while participating in my assigned duties.

In consideration of my being permitted to participate in this Community Service Program, I hereby agree that I will not sue or make any claim against Knox County, the Court Clerk, his office, or any officers, agents, or employees of Knox County, the Court Clerk or his office by reason of any injuries or damages that might be suffered by me or to my property by virtue of my participation in this Community Service Program. I hereby waive any claim and release Knox County, the Court Clerk, his office, and their officers, employees, and agents from any liability whatsoever for any injury, damage, or claim that may result from my participation in this program.

I further agree to hold harmless Knox County, the Court Clerk, his office, and their officers, agents, and employees and to fully release them from any and all liability for any accident, casualty, or event that may occur by virtue of my participation in this Community Service Program.

I certify that the foregoing has been read by me (or read to me or interpreted for me) and that this instrument has been signed voluntarily and without any promises or threats, expressed or implied.

THIS IS A RELEASE AND WAIVER OF LIABILITY.

This \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
PLEASE PRINT NAME CLEARLY

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
INTERPRETER