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**Knox County Community Liability Waiver & Medial Release Form**

**Liability Waiver 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 \_\_\_\_\_, 20 .

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

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

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
INTERPRETER



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## Knox County Community Liability Waiver & Medial Release Form

<b>Media Release Form</b>
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I, \_\_\_\_\_ as the participant of the Knox County Community Service Program, hereby give the Knox County Criminal Court Clerk's Office and its employees, representatives and authorized media organizations permission to photograph, interview and record my likeness for use in audio, video, film or other electronic, digital and printed media. I also give the Knox County Criminal Court Clerk's Office permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither the Knox County Criminal Court Clerk's Office nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my participation, and I waive any right to inspect or approve final use of materials. I agree to release and hold harmless the Knox County Criminal Court Clerk's Office, its staff, and assignees from any liability or claims of damage, known or unknown, related to such use.

Additionally, if at any time you wish to withdraw your consent, you may contact the Knox County Community Service Program Director at (865) 215-4087; however, any prior photos or recordings of will remain part of the Knox County Criminal Court Clerk's Office's archive.

Participant Name:

(print)

(signature)

Date: