

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, UNDERSTAND THAT AS PART OF MY DIVERSION AGREEMENT/COURT ORDER AGREEMENT WITH THE KINGMAN COUNTY ATTORNEY, OR AS PART OF MY PROBATION ORDER, I HAVE AGREED TO PERFORM \_\_\_\_\_ HOURS OF COMMUNITY SERVICE WORK. I FURTHER ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE OPPORTUNITY TO PERFORM THIS WORK UNDER THE SUPERVISION OF THE KINGMAN COUNTY COMMUNITY SERVICE WORK SUPERVISOR.

I SPECIFICALLY ACKNOWLEDGE THAT I AM AWARE THAT I AM SUBJECT TO ACCIDENT AND/OR INJURY IN THE COURSE OF PERFORMING SUCH COMMUNITY SERVICE WORK. I DESIRE TO TAKE ADVANTAGE OF THE OPPORTUNITY OFFERED TO ME AND I, THEREFORE, RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE KINGMAN COUNTY BOARD OF COMMISSIONERS, KINGMAN COUNTY, KINGMAN COUNTY ATTORNEY, THE KINGMAN COUNTY COMMUNITY SERVICE WORK SUPERVISOR, AGENTS AND EMPLOYEES FROM ALL CLAIMS, DEMANDS AND CAUSES OF ACTION OF EVERY KIND WHATSOEVER FOR ANY DAMAGES AND/OR INJURIES WHICH MAY RESULT FROM MY PARTICIPATION IN COMMUNITY SERVICE WORK UNDER THE SUPERVISION OF THE STAFF.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

CLIENT: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_