



Livingston County Sheriff's Office Release of Liability Exercise Room

I have consulted with my primary care physician and have received his/her authorization to participate in the following types of activities at the Livingston County Sheriff's Office Exercise Room:

- Walking
- Use of weight/strength training equipment
- Use of aerobic training equipment
- Participate in dance/exercise classes
- Participation in other moderate physical activities

I understand that there is risk of injury if I choose to participate in any of these activities and I assume the risk. I understand that participation in these activities is voluntary and that it is my responsibility to limit my activities to those my physician has approved. I release Livingston County Sheriff, Livingston County Sheriff's Office and Livingston County, to the fullest extent permissible by law, from all losses, claims, damages and causes of action I may incur as a result of my participation of activities or equipment used in the Sheriff's Office Weight Room. _____(initial)

I understand that items such as cellular phones, tobacco, weapons and other such contraband are not permitted in the jail. _____(initial)

Name (print): _____ County Department: _____

Emergency Contact Name/Phone #: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Date: _____	Approved: _____	Disapproved _____
Authority: _____		
Thomas J. Dougherty, Sheriff		
File: Weight Room Authorizations		

Be sure to sign in and out of the gym using the provided logbook.

If you notice broken or damaged pieces of equipment contact Sheriff Dougherty or Stephanie Little via county email or ext 7121.