

**ALTERNATIVE INCARCERATION BRANCH
10520 B JUDICIAL DRIVE, FAIRFAX, VA 22030
(703) 246-4478**

WAIVER AND RELEASE OF LIABILITY

In consideration for participation in the Sheriff's Fine Option Program, Sheriff's Community Labor Force or the Community Labor Force Offender Program, I hereby, for myself, my heirs, and administrators, release and discharge Fairfax County and all programs listed above, employees and agents from all claims, demands, and actions for injury sustained to my person and/or property during my participation in the above listed programs. I agree to accept sole responsibility and liability for any injury or damage to a third party resulting from my act(s) or omission(s) and I agree to hold Fairfax County, Fairfax County Sheriff's Office, its employees and its officials harmless from any lawsuits or claims arising therefrom, and I agree to indemnify Fairfax County and the Fairfax County Sheriff's Office, its employees and officials in the full amount of any judgement obtained.

I certify that I am not, in any way, an employee, servant, or agent of the County of Fairfax or the Fairfax County Sheriff's Office.

I agree to hold the County of Fairfax, the Fairfax County Sheriff's Office, its employees and agents harmless from any lawsuit or claim arising from my participation in the above programs.

I have read, understand and agree to the foregoing terms of this waiver and release.

INMATE'S SIGNATURE

_____**DATE**

DEPUTY'S SIGNATURE

_____**DATE**