



## TRANSFORMING JAIL MINISTRIES

### **Transforming Jail Ministries / Hamilton County Sheriff's Office WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

The undersigned participates in the Transforming Jail Ministries (TJM) program, including the Jail Chaplaincy Team, the Clergy Contact Visiting program, the Worship Team, or any other program associated with TJM. In consideration of and as a condition precedent to being allowed to participate in TJM activity in secure areas of jails serviced by the Hamilton County Sheriff's Office (TJM/HCSO activity), all TJM participants must read this WAIVER, release and indemnification agreement ("AGREEMENT"), agree to its terms, and indicate that acceptance and understanding by signing this Agreement. Refusal to sign this Agreement will preclude you from participating or taking part in TJM/HCSO activity.

With regard to any TJM/HCSO activity scheduled to take place at the Hamilton County Justice Center, North and South Buildings, 1000 Sycamore Street, Cincinnati, Ohio 45202, the Woodburn Avenue Facility, 2605 Woodburn Avenue, Cincinnati, Ohio 45206, or the Reading Road Facility, 1617 Reading Avenue, Cincinnati, Ohio 45202, River City Correctional Center, The Adapt Program for Women and Pathways at 1616 Harrison Ave. operated by Talbert House, The Adapt Program for Men, 3009 Burnet Ave. operated by Talbert House and Talbert House, 3129 Spring Grove Ave. Cincinnati, Ohio, 45225 at any time from and including the date I sign this Agreement through any time in the future that I continue to be involved in TJM/HCSO activities,

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Print Name

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Home Address

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City, State, Zip Code

**I hereby state that I understand and agree to the following:**

If I participate in TJM/HCSO activity without having signed this Agreement, such participation will serve as constructive knowledge, acceptance, agreement and understanding of all terms and conditions contained herein.

I acknowledge and agree that by my participation in TJM/HCSO activity is for my own benefit and convenience, and I understand that I assume all risks in participating therein. I understand that the TJM/HCSO activity takes place in inherently dangerous areas, and could potentially subject me physical injury to my person and/or damage to my personal property.

I understand that neither Hamilton County, the Board of County Commissioners ("the Board"), HCSO, Sheriff Jim Neil ("the Sheriff"), nor any employee, agent or representative of Hamilton County or HCSO take any responsibility for providing personal protection of my person while engaged in



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TJM/HCSO activity. I understand and agree that Hamilton County, the Board, HCSO the Sheriff or any employee, agent or representative of Hamilton County or HCSO, make no warranties, express or implied, as to my personal safety, or as to my personal property while I am engaged in TJM/HCSO activity.

Therefore, in consideration of being granted access to the secure areas of HCSO-serviced facilities for participation in TJM/HCSO activities extended to me by the HCSO, at the locations specified above, on any date that I am participating in such TJM/HCSO activity I, for myself, my heirs, executors, agents and assigns, hereby agree to hold Hamilton County, the Board, HCSO or the Sheriff and Transforming Jail Ministries (TJM) its employees, agents and representatives harmless from liability for any injury to my person or damage to my property which may be suffered by me whether past, present or future, caused by my own acts or omissions, the acts or omissions of others, or other causes, and hereby waive, release, acquit and forever discharge Hamilton County, the Board, HCSO, the Sheriff and any employees, agents, or representatives thereof, from any and all claims, liabilities, losses, demands or causes of action, of whatever nature, whether at law or in equity, including attorneys' fees, which I may now have, or which may hereafter accrue, arising out of any act, cause, omission or event, including but not limited to claims arising out of bodily injury or property damage that I may sustain while at the above-described premises or in connection with my use of those facilities, or in any other way or manner in connection with the above-described TJM/HCSO activity.

In further consideration of the foregoing; I hereby agree to and do indemnify and hold harmless Hamilton County, the Board, the Sheriff and their employees, representatives, instructors and agents and Transforming Jail Ministries (TJM) its employees, agents and representatives, of and from any and all claims, liabilities, losses, demands or causes of action, of whatever nature, whether at law or in equity, which are or may be asserted by any person or entity, for personal injury, property damage or otherwise arising out of any actor omission by me in connection with my entry and use of the above described premises pertaining to TJM/HCSO activity.

### Agreement

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Your Worship Team/Church

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness Name