

**BARNSTABLE COUNTY CORRECTIONAL FACILITY
FACILITY TOUR RELEASE**

Please fill out completely, sign and initial where indicated
For questions contact: youthprograms@bsheriff.net or (508) 563-4356

PARTICIPANT NAME: _____ **DATE OF BIRTH:** _____

RELEASE FOR MINOR PARTICIPANT:

I, _____, the parent/legal guardian of the aforesaid Child, give permission for my child to participate in a tour of the Barnstable County Correctional Facility (BCCF) in Bourne, Massachusetts. I understand the tour will be a guided tour of a correctional facility with supervision by his/her appropriate school chaperone as well as staff from the Barnstable County Sheriff's Office (BCSO).

In consideration for granting my permission for my child's participating in the BCCF facility tour, I understand and agree to waive certain valuable rights in exchange for my child's participation in the BCCF tour and any related activities associated therewith. I hereby acknowledge and agree to release and hold harmless the Commonwealth of Massachusetts, the Barnstable County Sheriff's Office, its employees, agents, successors, assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office, from any and all claims, actions, rights of action and causes of action, damages, costs, expenses, and compensation from liability for physical injury or damages to property which may occur while participating in the tour of the Barnstable County Correctional Facility. I recognize that participation in the tour may subject oneself and others to risk of injury, and I hereby agree that my child will obey the safety standards of the Barnstable County Correctional Facility and the Barnstable County Sheriff's Office as well as the rules and instructions of the school chaperone(s) and BCSO staff.

Authorization for Treatment: _____ **Initial**

By executing this Release, I hereby authorize the Barnstable County Sheriff's Office staff that are trained in the basics of first aid and CPR to provide first aid and/or CPR for my child if needed. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child, however, if I cannot be reached, I hereby authorize transport of my child to the nearest medical facility or hospital to secure necessary medical treatment.

Photo/Media Release: _____ **Initial**

The undersigned grants the Barnstable County Sheriff's Office, its officers, employees, agents, successors and/or assigns, the right to use, reproduce, assign and/or distribute appropriate photographs, films, videotapes and sound recordings relative to the BCSO youth program involving my child, for use in materials that may be compiled and distributed in various forms including social media.

Release of All Claims: _____ **Initial**

By executing this Release I further affirm that in consideration of my child's participation in the tour of the BCCF, my child, his/her heirs, executors, administrators, personal representatives, parents, and/or legal guardians, agree to indemnify, hold harmless, release and forever discharge the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office, its employees, agents, successors and assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity, which may arise or result from my child's participation in the above mentioned activity, including costs and reasonable attorney's fees. The parent/legal guardian listed below hereby acknowledges that the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office have relied upon the good faith execution and delivery of this form and, further, agrees to assume the risk for any and all injuries which may be sustained by the child while participating in the above referenced program.

RELEASE BY PARTICIPANT 18 AND OLDER:

By executing this Release, I hereby acknowledge and agree to release and hold harmless the Commonwealth of Massachusetts, the Barnstable County Sheriff's Office, its employees, agents, successors and assigns from any and all claims actions, rights of action and cause of action, damages, costs, expenses and compensation from liability for physical injury which I may occur while participating in a guided tour of the Barnstable County Correctional Facility. I recognize that participation in the tour is voluntary and may subject oneself and others to risk of injury and I hereby agree to obey the safety standards and instructions of the Barnstable County Correctional Facility and the Barnstable County Sheriff's Office.

Authorization for Treatment: _____ **Initial**

By executing this Release, I hereby authorize the Barnstable County Sheriff's Office staff that are trained in the basics of first aid and CPR to provide first aid and/or CPR to me if needed. I hereby authorize transport to the nearest medical facility or hospital to secure necessary medical treatment if needed.

Photo/Media Release: _____ **Initial**

The undersigned grants the Barnstable County Sheriff's Office, its officers, employees, agents, successors and/or assigns, the right to use, reproduce, assign and/or distribute appropriate photographs, films, videotapes and sound recordings relative my tour of the BCCF for use in materials that may be compiled and distributed in various forms including social media.

Release of All Claims: _____ **Initial**

By executing this Release I further affirm that in consideration of my participation in the tour of the BCCF, my heirs, executors, administrators and/or personal representatives, agree to indemnify, hold harmless, release and forever discharge the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office, its employees, agents, successors and assigns, from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity, which may arise or result from my participation in the above mentioned activity, including costs and reasonable attorney's fees. I hereby acknowledge that the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office have relied upon the good faith execution and delivery of this form and, further, agree to assume the risk for any and all injuries which I may sustain while participating in the above referenced program.

I hereby certify that I have read, understand and agree to the conditions set forth in this Release.

Applicant Signature or Parent/Legal Guardian Signature if Participant is Minor

Date: _____

Parent/Legal Guardian Printed Name & Telephone Phone Number