



Elections Academy Participant Liability Waiver

I, _____ [Participant's Full Name], acknowledge that I have voluntarily chosen to participate in the tour organized by the Fulton County Department of Registration & Elections (hereinafter referred to as "the County"). In consideration of being permitted to participate in this tour, I agree to the following terms and conditions:

- I. **Assumption of Risks:** I understand and acknowledge that participating in the tour may involve certain risks, including but not limited to, risks associated with walking or moving within certain areas, exposure to natural elements, and the actions of other participants.
- II. **Release of Liability:** I hereby release, discharge, and hold harmless the County, its officials, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me during the course of the tour, regardless of whether such loss, damage, or injury is caused by the negligence of the County or otherwise.
- III. **Indemnification:** I agree to indemnify and hold harmless the County, its officials, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action brought against them by any third party arising out of or relating to my participation in the tour.
- IV. **Security and Confidentiality:** I understand that certain areas visited during the tour may contain secured or sensitive information. I agree not to attempt to acquire, disclose, or disseminate any secured or sensitive information obtained during the tour. I acknowledge that any such actions may result in legal consequences.
- V. **Voluntary Participation:** I certify that I am participating in this tour voluntarily and of my own free will. I understand that I have the option to refrain from participating if I do not agree with any of the terms outlined in this waiver.
- VI. **Binding Effect:** This waiver shall be binding upon me and my heirs, executors, administrators, successors, and assigns.

By signing below, I acknowledge that I have read and fully understand the terms of this liability waiver and agree to be bound by its provisions.

Participant's Signature: _____

Participant's Printed Name: _____

Date: _____

Please complete and return this form via email to veo@fultoncountyga.gov