

RAPPAHANNOCK REGIONAL JAIL
Volunteer Program
Release of Liability

I, the undersigned, have been advised and understand the risk of bodily harm that is associated with working within a correctional environment. Therefore, I release the Rappahannock Regional Jail of any liability and agree to hold them harmless from any and all claims, demands, suites, actions, and proceedings of any kind or nature by or in favor of myself, my heirs or devisees, who may claim damages resulting from or in connection with loss of my life or bodily and personal injury arising, directly or indirectly, out of or from any occurrence in, upon or at the Rappahannock Regional Jail.

Further, I agree to abide by all facility policies, particularly those relating to security and confidential information.

Signature: _____ Date: _____

Witness: _____ Date: _____