



Floyd County, Georgia

Office of the Sheriff

TURNING POINT RELEASE AND PERMISSION FORM

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Gender: Male ___ Female ___

School or Group: _____ Grade: _____

Name of Parent/Guardian: _____

Contact Information: (Home Phone) _____ Cell Phone: _____

Reason why you are requesting the program:

WAIVER/DISCLOSURE

I _____ parent/guardian of _____ (student) am requesting that my child enter and complete the Turning Point Program at the Floyd County Jail. I understand that the program involves a reality base to incarceration and that my child may have frank discussions with selected inmates. In consideration for allowing my child to participate in the program, the undersigned custodial parent or guardian covenants not to sue and agrees to release, discharge, hold harmless, and indemnify the Floyd County Sheriff's Office, Floyd County, their agents and employees, and the Floyd County Board of commissioners of all liability, claims, damages, or injury to persons and property including costs and attorneys' fees arising out of or in any way associated with my child/ward's participation, attendance, travel to and from or other involvement in the program, including but not limited to, all acts or omissions, or omissions constituting negligence except for willful wanton or gross negligence or misconduct.

I agree that this document and in particular, the release, waiver, and indemnity provisions, shall be construed under the laws of the State of Georgia, and if any portion is held invalid or unenforceable, the remainder shall remain and continue in full force and effect.

I hereby accept this agreement and consent and agree to the above terms and conditions.

Date: _____ Custodial Parent/Legal Guardian: _____