CONSENT AND WAIVER

I hereby authorize the Weber County Sheriff's Office to escort me and/or my child/children on a tour of the Weber County Correctional Facility. I do, on behalf of myself and my child/children listed below, our heirs, executors and administrators, forever waive, discharge and release the Weber County Sheriff's Office and all its officers, agents, and employees, from any and all claims or injuries of any kind, nature or character (including but not limited to property damage and personal injuries) that might arise from the Correctional Facility Tour.

Date		
My name		
Child's Name		
My signature confirms fully intend to comply	s that I have read and understand the above provision with them.	s and that I
Parent/Guardian Signa	uture	
Emergency Contact Tele	phone Number	