



COUNTY OF LOS ANGELES PROBATION DEPARTMENT FACILITY/OFFICE VISIT AGREEMENT AND CIVIL CLAIMS RELEASE

NAME:	DATE OF BIRTH:
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I _____ am not a member/employee of the Los Angeles County Probation Department, have made a knowingly and voluntary request to visit the _____ facility/office location. I realize that I will be a visitor in the juvenile hall/camp facility/office location, and I visit at my own risk. In consideration for permission to visit the juvenile hall/camp facility/office location as a visitor, **I understand and agree to the following:**

1. I may be searched at any time while on juvenile hall/camp facility property, or during or after my visit.
2. I will wear appropriate attire, as determined by the on duty Director or his or her designee.
3. It is a crime to bring or send narcotics and/or contraband into a county juvenile hall or camp, or to engage in unauthorized communication with any minor/detainee during the juvenile hall/camp facility visit.
4. In the event that I am taken hostage, by anyone, no minor/detainee will be released as a condition of my safety, and no consideration for my safety will be given to those who have taken me hostage.
5. I may be subjected to the risk of my personal safety or death, and/or damage of my property, and I accept these risks.
6. I agree that the County of Los Angeles, the Probation Department, and all Probation Department Employees are not liable for any injury and/or damages I sustain while on juvenile hall/camp facility/office location property, caused by any minor/detainee or anyone else.
7. In accompanying a member(s) of the Los Angeles County Probation Department during the juvenile hall/camp facility/office location visit, I understand that I may be exposed to unlawful acts of force or violence by minor's/detainee's upon staff, riot, fire, nudity, explosion, assault, or caustic chemicals.
8. I waive and release the County of Los Angeles, Probation Department, and all Probation Department Employees from any and all liability for personal injury, death, and/or damage or loss of my personal property occurring during my juvenile hall/camp facility/office location visit. I also waive and release any claim arising from or related to the negligent act or omission, or alleged negligent act or omission by any member, employee or agent of the Los Angeles County Probation Department. I also release any and all civil rights claims, including but not limited to any claims under 42 U.S.C. Section 1983 or 1985, that are based on or in any way predicated on any intentional, deliberate, indifferent, or conscience shocking conduct of any member, employee or agent of the Los Angeles County Probation Department, or any minor/detainee.
9. I also agree that myself, heirs, executors, administrators, and assigns shall defend, indemnify, and hold harmless the County of Los Angeles, the Probation Department, all members, officials and employees of the Los Angeles County Probation Department, their sureties, and each one of them, against any and all manner of actions, suits, debts, counts, claims, and demands, or damages or liability or expenses of every kind and nature, incurred or arising by reason of actual or claimed intentional, deliberate, indifferent, negligent, malfeasance, or wrongful act or omission, arising from, related to, or as a result of my visiting any juvenile hall/camp facility, assigned to the Los Angeles County Probation Department, or while accompanying any member or members of the Los Angeles County Probation Department during the performance of their official duties, during my juvenile hall/camp facility/office location visit.

I _____ **am not required to register with local law enforcement as a Registered Sex Offender (initials _____).**

I have carefully read and understand the contents of this document and sign it of my own free will. I also know and understand that I have the right to consult with an attorney before signing this agreement. I also can revoke this agreement at any time before my juvenile hall/camp facility/office location visit begins, but once the visit begins, this release cannot be rescinded.

SIGNATURE:	CA. DL OR SOCIAL SECURITY NUMBER:	DATE:
SIGNATURE OF PARENT IF A MINOR:	PARENT'S CA. DL OR SOCIAL SECURITY NUMBER:	DATE:
LOCATION HEAD/SUPERVISOR OR DESIGNEE SIGNATURE:	EMPLOYEE #	DATE: