DENVER COUNTY COURT

LIABILITY RELEASE AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall indemnify and hold harmless Denver County Court, the City and County of Denver, its appointed and elected officials, agents and employees for, from and against all liabilities, claims, judgments, suits or demands for damages to persons or property arising out of, resulting from, or relating to the use of the court provided wheelchair on this date \_\_\_\_\_\_\_\_\_\_\_\_ at this location  City and County Building, 1437 Bannock Street  Lindsey-Flanigan Courthouse, 520 W. Colfax Avenue.

This indemnity shall be interpreted in the broadest possible manner to indemnify the Denver County Court and City and County of Denver.

The undersigned does hereby further agree to abide by the following rules and regulations:

* I agree the wheelchair will only be used while conducting court business at a court location;
* I agree that I will provide someone who can retrieve the wheelchair from the Court’s ADA Coordinator, or their representative;
* I agree that I will provide someone who can operate the wheelchair if I am unable to do so;
* I agree that I will return the wheelchair to the Court’s ADA Coordinator, or their representative, immediately upon completion of my business with the Court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial Assistant Signature

Wheelchair returned: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial Assistant Signature

**Please return completed form to the Denver County Court ADA Coordinator.**