

# County of Rutherford



William C. Cope  
Superintendent

## Waiver and release of liability for minors visiting Rutherford County Correctional Work Center Inmates

I \_\_\_\_\_, Parent or Legal Guardian of  
\_\_\_\_\_, a child of less than eighteen (18) years of age, do hereby authorize said  
child to visit \_\_\_\_\_ an inmate of the Rutherford County Correctional  
Work Center.

I further release and discharge the officers, employees and staff of the Rutherford County Correctional  
Work Center from any liabilities resulting from this visit.

This document will not be accepted without signatures,

X \_\_\_\_\_  
Date and seal of a notary public.

Parent / Guardian signature

Sworn to and subscribed before me

\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Date

\_\_\_\_\_  
Notary Public at large

\_\_\_\_\_  
Emergency contact phone # / name

My commission expires \_\_\_\_\_

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