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| **2018 SPMTC LIABILITY RELEASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State of Arizona}  County of Maricopa} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | of | |  | | | | | | | | county | | |  | | | | | | | | | | , |
| the undersigned, (for and in consideration of the payment of One Dollar, which is included in the entry fee), the receipt and sufficiency of which are hereby acknowledged, do hereby agree to hold the City of Phoenix and Special Olympics Arizona, Sheraton Crescent Hotel, Metro Center Mall or any of their agents, servants or employees free and harmless of any and all liability, actions, causes of action, claims or demands of whatever nature which may arise out of the Southwest Police Motorcycle Training and Competition(SPMTC) and conducted by the Phoenix Police Department.  This release contains the entire agreement between us and the City of Phoenix, and the terms of this release are contractual and not merely recital. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXECUTED This | | | | |  | | | | | day of | | |  | | | | | | | | | | | | | 2017 / 2018, | | | | | |  |  |  |  |
|  |  |  | Signature: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  |  |  | Rank: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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| BEFORE ME, the undersigned authority, on this day, personally appeared | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | of the | | |  | | | | | | | | , known to me to be the person whose name is subscribed | | | | | | | | | | | | | | | | |
| To the foregoing instrument and acknowledge to me that he executed the same for the purposes and consideration therein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expressed and in the capacity therein stated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GIVEN UNDER MY HAND AND SEAL OF OFFICE this | | | | | | | | | | | | | | |  | | | | | day of | | |  | | | | | | | | | | | |  |
| Commission expires: | | | | | | |  | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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