

Office of the Medical Examiner

County of La Crosse



General Release of Liability

I, _____, being of lawful age and desiring to obtain an internship with the La Crosse County

Medical Examiner's office in furtherance of my career, do hereby release, acquit and forever discharge La Crosse

County, as well as the Medical Examiner's office of La Crosse County, and any agent or employee of those entities,

from any and all liability, from any and all actions, causes, claims, demands, damages, costs, loss of service, expenses,

and compensation, on account of, or in any way growing out of, any and all known and unknown injuries or damage

resulting from my work with the La Crosse County Medical Examiner's office. That the consideration for this release is

the ability to obtain knowledge and experience that I will gain from working in said department.

I have read the foregoing and fully understand that I am releasing any and all claims against La Crosse County,

as well as the Medical Examiner's office, as well as the employees, agents, successors and assigns.

Signed and sealed this _____ day of _____.

In the presence of:

_____ (SEAL)

Subscribed and sworn to before me

This _____ day of _____

Notary Public, State of Wisconsin

My Commission: _____