

RENSSELAER COUNTY CORRECTIONAL FACILITY
MINOR VISITATION CONSENT FORM

I, _____ of _____, in the County of _____

(NAME)

(CITY, TOWN, VILLAGE ETC.)

_____, State of _____ do hereby grant permission for

(COUNTY)

(STATE)

_____ whom being under the age of (18) eighteen I am

(NAME OF VISITOR)

(VISITOR D.O.B.)

entrusted with the responsibilities in title of Parent / Legal Guardian of said visitor for the purpose of contact visitation privileges with _____, an inmate at the Rensselaer County Correctional Facility.

(INMATE NAME)

In consideration of being allowed the use and enjoyment of certain property of the County of Rensselaer located within the Rensselaer County Correctional Facility for the above mentioned purpose I do hereby understand that the visitor assumes all the risk of personal injury, death, property damage and /or loss from whatever causes arising while entering, within or being about the Rensselaer County Correctional Facility in the purpose of contact visitation as mentioned above.

Furthermore, I do hereby release the County of Rensselaer, its Officers, Employees, Agents and Servants from any liability as mentioned above or for contribution as a joint-tortfeasor, therefore and will indemnify and hold harmless said County, its Officers, Employees, Agents and servants from any such liability or contribution to such liability.

Date : _____ Signature : _____

STATE OF NEW YORK /
COUNTY OF RENSSELAER /

On this _____ day of _____, 20___, before me the subscriber personally appeared and known to me to be the same individual described in and whom executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

(Notary Public, Commissioner of Deeds)

**RENSSELAER COUNTY CORRECTIONAL FACILITY
MINOR VISITATION CONSENT FORM**

Pursuant to New York State Commission of Correction Minimum Standard section 7008.5 I _____
(Printed Parent / Guardian Name)

as parent and/or Legal Guardian do hereby authorize _____ who is less than (18) eighteen
(Printed Last Name, First, M.I.)

years of age having been born on (D.O.B. _____ / _____ / _____) to visit Inmate _____
(Inmate Name)

who is incarcerated at the Rensselaer County Correctional Facility.

I do hereby release Rensselaer County, its officers, employees, agents and servants from any liability and assume all risk for any loss and/or injury which arises while entering, within or about the Rensselaer County Public Safety Building.

Date : _____ Signature : _____

Drivers License / ID #

Mailing Address

Phone Number

STATE OF NEW YORK /
COUNTY OF RENSSELAER /

On this _____ day of _____, 20___, before me the subscriber personally appeared and known to me to be the same individual described in and whom executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

(Notary Public, Commissioner of Deeds)