



EXTENDED FAMILY VISITING VISITOR ACKNOWLEDGMENT

The individual(s) noted below is (are) applying for extended family visiting with offender:

Offender Name	Number
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Name	Date of Birth	Relationship	Complete Mailing Address and Phone Number

By my signature below, I, for myself and accompanying visitors under age 18 for whom I am responsible, certify and declare:

- I am aware of the visitor requirements and rules for extended family visiting.
- I (We) meet the requirements and agree to abide by all rules and regulations pertaining to extended family visiting.
- I understand the purpose of extended family visits is to maintain relationships, not to share traumatic news or to end a relationship. Family problems should be discussed by telephone, mail, or in a supervised setting such as the regular visiting program.
- In consideration of allowing these visits within the boundaries, I (we), for self, heirs, executors and administrators, waive, release and discharge any and all rights and claims or damages against the state of Washington, its employees and agents, including but not limited to those agents and employees of this facility, for all claims arising or resulting from traveling within the perimeter of the facility to and from the visiting site
- I have full knowledge of the risks involved (to myself and those in my charge) in this visit:
 - These risks assumed;
 - I will assume and pay my (our) own medical and emergency expenses in the event of an accident, illness or other incapacitation regardless of whether I authorized such expenses.
- I realize the dangers which might be involved in this visit and the state of Washington has only the duty to use ordinary care to keep these premises reasonably safe for this visit.
- I realize the state of Washington will not recognize the extended family visitor as a hostage if such a situation should occur.
- Applicable certified copies (i.e., obtained from a regulatory agency) of marriage/domestic partnership, birth certificate, and/or adoption papers have been included with this application for each participant listed. Documents will be copied by the facility and originals returned to the family.

SIGNATURES OF ALL VISIT APPLICANTS WHO ARE 18 YEARS OF AGE OR OLDER:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.