

**EXTENDED FAMILY VISIT PROPERTY WAIVER**

Name:       DOC number:       Cell/bed number:

I understand that it is recommended that I secure my property in my locker or other secured space prior to my Extended Family Visit (EFV) as this is the best way to ensure my property is protected.

If I choose to leave my property unsecured in my assigned cell for the duration of my EFV, I will not hold the State of Washington or the Washington State Department of Corrections, this facility, and/or assigned employees, contract staff, cellmate(s), or any other incarcerated individual responsible for any damage to or loss of my unsecured property.

Signature Date

Employee name Signature Date

**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 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** – EFV or Visiting Department **COPY** – Incarcerated Individual file