





Alan K. Everidge Chief of Police (478) 988-2800 Fax (478) 988-2805

## City of Perry Police Department CITIZEN POLICE ACADEMY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned (hereinafter referred to as "Participant") acknowledges that he/she is freely and voluntarily participating in the City of Perry Police Department's Firearms Safety Couse. This participation consists of the Participant's functioning as a student of the Perry Police Department's Citizen Police Academy, which assignments include classroom training, field training to include the firing of weapons, and other activities.

In consideration of the Participant being allowed to participate as a Student, the Participant does hereby release and shall hold harmless the City of Perry, Georgia, the Perry Police Department, City Council, and all members of staff, officers, agents, and employees of the City of Perry, Georgia, from any loss, claim, suit, award or judgment for injury or damage to person or property arising out of or related to the Participant's participation in the Citizen Police Academy. To the extent allowed by law, this release shall cover injuries or damages resulting from all actions or omissions which are negligent or are negligently performed.

The Participant acknowledges that there are inherent risks of injury or damage in participating as a Student in the Perry Police Department's Citizen Police Academy. Participant further acknowledges that serious accidents occasionally occur during activities of law enforcement agencies, such as the Perry Police Department, and that the law enforcement officers and those who are with them occasionally sustain serious personal injuries and/or property damage as a consequence thereof. Knowing the risks and dangers of these activities, the Participant freely and voluntarily accepts and assumes all the risks of injury or damage to person or property arising out of or related to Participant's participation in the Citizen Police Academy.

In witness whereof, Participant has read the above, fully understands its provisions, and has signed the Waiver, Release and Indemnification Agreement this day of, 202	
WITNESS:	PARTICIPANT:
Signature	Signature
Printed Name	Printed Name
Date	Date
	Address: