SANDY SPRINGS POLICE DEPARTMENT

7840 Roswell Road
Suite 500
Sandy Springs, GA 30350
770-730-5600

Waiver of Liability

Defensive Tactics Training

In consideration of my participation in the Sandy Springs Police Department Defensive Tactics Training, **I understand and acknowledge** that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **I further understand and acknowledge** that that there may be other risks of participation in the Defensive Tactics Training that is not known and cannot be reasonably foreseen at this time. I hereby assume all the foregoing risks and accept personal responsibility for the damages following such injury, disability or death.

Therefore, I do hereby relieve, release, absolve and hold harmless the City of Sandy Springs, its officers, employees and agents of and against any liability or loss which may arise, should any injury or damage be sustained by the named participant, or others, as a result of my participation in the Defensive Tactics Training pursuant to the established rules and procedures for the Defensive Tactics Training unless arising out of the gross negligence or failure to follow appropriately established procedure by the City of Sandy Springs, its officers, employees and agents. This release shall be binding on my legal representatives, heirs and assigns.

_____	_____	_____	_____
Date	Signature of Participant	**PRINT** Participant's name	Date of Birth

_____	_____
Date Participating	Signature of Accepting Supervisor

Consent of Parent/Guardian for a Minor

I give my consent for _____ to participate in the Sandy Springs Police Ride-Along Program and have read the above waiver of liability, understanding same, and by this consent provide the same relief, release, absolution, and guarantee regarding liability, as if said waiver were herein set out in full.

_____	_____
Date	Signature of Parent/Guardian