



ATHENS-CLARKE COUNTY POLICE DEPARTMENT

3035 Lexington Road, Athens, GA 30605
706-613-3330 • 706-613-3860 (FAX)



WAIVER OF LIABILITY

I, _____, am a student at _____
working toward a degree in criminal justice or related field, and I desire to enter a program of practical work with the Athens-Clarke County Police Department (ACCPD). I understand the sole purpose of said program is to expose me to the daily operations of the ACCPD, thereby furthering my education in the criminal justice field.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgments:

- I acknowledge that my participation in this program is completely voluntary and that I will not be entitled to remuneration or pay of any type for said participation. I further acknowledge that my participation in this program does not give rise to an employee-employer relationship entitling me to coverage under the Workmen's Compensation Act, Georgia Laws 1920, p. 167 (O.C.G.A. § 34-9-1 et seq.)
- I acknowledge and agree that Athens-Clarke County, the ACCPD and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned arising out of or during the course of this program.
- I voluntarily assume the risk of all injuries that might occur as a result of the training to be provided by individual members of the ACCPD.
- I agree to make no claim against Athens-Clarke County, the ACCPD or any employees thereof for any physical or mental impairment arising out of and during the course of my participation in this program.
- I agree to treat all matters within the ACCPD as confidential and agree not to discuss the daily operations which I am allowed to observe with anyone outside the ACCPD other than my Criminal Justice advisor.

Signature _____

Date _____