

Augusta University Police Department

524 15th Street Augusta, GA 30912 Phone: 706.721.2914 Fax: 706.721.1255

CITIZENS FIREARMS CLASS

RELEASE AND INDEMNITY AGREEMENT

The undersigned (hereinafter referred to as "Participant") acknowledges that he/she is freely and voluntarily participating in the Augusta University Police Department's Citizens Firearms Class. This participation consists of the Participant's functioning as a student of the Augusta University Police Department's Citizens Firearms Class, 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 release and shall hold harmless Augusta University; the Board of Regents of Georgia, the Chief of Augusta University Police Department; the Augusta University Police Department; the members and staff of the Augusta University Police Department and Martin Marietta; 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 as a Student described above. 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 risks of injury or damage in participating as a Student in the Augusta University Police Department's Citizens Firearms Class. Participant further acknowledges that serious accidents can occur during activities of law enforcement agencies, such as the Augusta University Police Department, Citizens Firearms Class. 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 as a Student of the Augusta University Police Department's Citizens Firearms Class.

In witness whereof, Participant has read the above, fully understands its provisions, and has signed this Release and

Indemnity Agreement this _____ day of _____, 20 _____

Signature of Participant _____

Printed Name

Witness_____

An Equal Opportunity Employer