



# Gwinnett County Police Academy Training Calendar

(type or print clearly)

Course Name:	_____	Course Date(s):	_____
Student	_____	Today's	_____
Email	_____	POST O-Key	_____
Authorizing Supervisor's	_____	Phone #:	_____
Authorizing Supervisor's	_____		
Email Address:	_____		
Agency	_____		
Address	_____		

The Student/Agency Participation Agreement below must be signed by the student and the Agency Head.

## **STUDENT/AGENCY PARTICIPATION AGREEMENT**

I understand that, as a student participating in the aforementioned class/course, I will be provided with the knowledge/skills outlined in the Course Description section of the Training Calendar.

I hereby agree to adhere to the Rules and Regulations set forth by the Gwinnett County Police Department in the semi-annual Training Calendar while attending the Training Academy.

I do fully, finally, and forever waive and release any and all claims, demands, lawsuits, complaints or liabilities of any kind or nature, arising out of or related to my participation in the aforementioned training/class, which may exist or accrue against Gwinnett County and its officials, officers, agents, and employees.

I further agree to hold harmless Gwinnett County and its officials, officers, agents and employees from and against any and all losses, damages, claims, demands, liabilities, or expenses by reason of any damage or injury to myself or my property which arose or could have arisen as a direct or indirect consequence of my participation in the afore-mentioned training/class. I completely understand that neither Gwinnett County nor any person on its behalf has made any representation or warranty about the afore-mentioned training/class and I assume all risks of any and every nature related directly or indirectly to my use thereof.

By signing below, both the student and the agency understand and agree to all of the terms listed above in the Student/Agency Participation Agreement.

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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Agency Head (printed)

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Agency Head Signature

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Date

**Return registration/agreement to:**

Jill Hart  
Gwinnett County Police Training Center  
854 Winder Highway  
Lawrenceville, GA 30045

Office: 678.226.7755 or 678.226.7756

Fax: 770.822.5492

Email: [jill.hart@gwinnettcountry.com](mailto:jill.hart@gwinnettcountry.com)