



## Gwinnett County Police Department, Peach State Motorcycle Skills and Training Seminar

PD/SO Name: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ POST O-Key #: \_\_\_\_\_

### **STUDENT/AGENCY PARTICIPATION AGREEMENT**

*Photo/Video Release.* The Gwinnett County Police Department, Peach State Police Motorcycle Skills and Training Seminar may use my name, likeness, photo, picture, image, voice, and appearance in any video or audio recording, film, digital, or analog image, and the like (collectively, "photo") taken by or made on behalf of the County. The County has complete ownership of such photo including the entire copyright, and may use such for any purpose of the County. I will not receive any compensation for the use of the photo/video or the rights granted in this paragraph.

I understand that, as a student participating in the Peach State Motorcycle Skills and Training Seminar, I will be provided with the knowledge/skills outlined in the Course Description section of the Gwinnett County Police Department, Peach State Police Motorcycle Skills, and Training Seminar.

I hereby agree to adhere to the Rules and Regulations set forth by the Gwinnett County Police Department, Peach State Police Motorcycle Skills, and Training Seminar.

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, the student representing their agency understand and agree to all terms listed above in the Student/Agency Participation Agreement.

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

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

\_\_\_\_\_  
Date