

# DEKALB COUNTY POLICE DEPARTMENT VOLUNTEER'S WAIVER OF LIABILITY FORM

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I, \_\_\_\_\_, the undersigned volunteer (hereinafter referred to as the "Releaser"), being over the age of twenty-one (21), have voluntarily chosen to participate in the DeKalb County Police Department Volunteer Program (hereinafter referred to as the "Program").

I acknowledge that the Program involves training and subsequent engagement in observing, accurately identifying, and efficiently reporting suspicious and/or criminal activity. I recognize the risk and potential dangers of observing, identifying, and reporting suspicious and/or criminal activity and agree to assume all risks attendant to participation in the Program. For and in consideration of the training I will receive for the Program, I hereby agree to release, acquit, and forever discharge DeKalb County, Georgia, its officers, agents, and employees (hereinafter referred to as the "Releasees"), in their private and public capacities, from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries and property damages, including any motor vehicle accidents on either public streets or private property, negligence claims and wrongful death claims and any other claims resulting or to result from my participation in the Program. I further agree and covenant, for the consideration provided above, not to file any claim, lawsuit or other proceeding, whether judicial or administrative, against the Releasees for any personal injury, property damage, wrongful death or other injury suffered by me (including but not limited to any negligence claims and wrongful death claims that may arise or result from my participation in the Program).

I acknowledge and hereby expressly state that in making this release and covenant not to sue, it is understood and agreed that:

1. I rely wholly upon my own judgment, belief and knowledge of the nature of my decision to participate in the Program; and
2. I have not been influenced to any extent whatever in making this release by any representations or statements made by the Releasees; and
3. I recognize and acknowledge that DeKalb County makes no warranties, express or implied, as to the Program; and
4. I recognize and agree that while participating in the Program that I shall not be an agent, servant, or employee of DeKalb County and will not be covered by DeKalb County for any worker's compensation, death or disability benefits.

# DKPD Waiver of Liability Form

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It is my express intention in signing this release to bind myself, my spouse, and my executors, administrators and assigns. This release is for the benefit of DeKalb County, including but not limited to all of the Releasees, and all others who may be liable to me for damage to person or property arising out of my participation in the Program.

It is further agreed that the execution of this release shall not constitute a waiver by DeKalb County, including but not limited to all of the Releasees, of the defense of sovereign immunity, when applicable, or any other defenses recognized by the courts of the State of Georgia or any Federal court under state or federal law. Acceptance of this release is not to be construed as an admission of any liability whatsoever by DeKalb County, including but not limited to the Releasees.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release freely and voluntarily, with full knowledge of its significance, intending to be legally bound thereby.

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Signature

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Date

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Name (print)

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Street Address

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Telephone Number

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City, State & Zip Code