WAIVER OF LIABILITY

I, _____, with a birth date of _____, agree

to be a participant in Scenario Base Training sponsored by the Grand Valley State University

Police Department (hereinafter GVPD) and acknowledge the following:

1)   That I am not an employee of the GVPD or any of its participating agencies and am not entitled to any compensation of benefits, including, but not limited to wages, workers' compensation, medical insurance, or unemployment compensation.

2)   That I am providing the volunteer services hereunder at my own risk. I agree to hold harmless the GVPD, its participating agencies, and their agents, from any and all liability for any losses, damages, expenses, personal injuries, psychological injuries, or death which may be suffered or sustained by said minor, either directly or indirectly, as a result of my participation in Scenario Base Training.

3)   That if needed for health reasons, I give permission to be evaluated, diagnoses, treated, and/or given medication in accordance with standard medical practices, by licensed medical personnel.

4)   That I relieve the GVPD and any of its participating agencies of all responsibility and consequences that may arise as a result of this treatment. Further, I agree to accept any and all financial responsibility as a result of any medical treatment rendered.

5)   That the GVPD shall not be obligated to defend or indemnify me against liability for intentional, grossly negligent, or willful acts, or allegations thereof, committed during the Scenario Base Training.

6)   That I agree to be under the direct supervision of a member of the GVPD during the Scenario Base Training.

7)   That I must obey all reasonable requests of the GVPD with respect to the scenario training; failure to do so may result in my being denied the right to participate in the training.

_____   _____
Participate Name (Signature)   Date

_____
Participate Name (Printed)