



LILBURN POLICE DEPARTMENT

Women's Self Defense Application

General Information

Name: _____
(Last) (First) (Middle)

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Home Telephone: _____ Work Telephone: _____

Cellular Telephone: _____ Email Address: _____

Emergency Information

Name: _____ Relationship: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Media Release

Periodically the City of Lilburn, the Lilburn Police Department, or their designee may take photographs, video recordings, and audio recordings during the Women's Self Defense Program. Pictures and recordings may be used for various purposes including, but not limited to, social media posts, on websites, in print advertising, and in digital advertising.

_____ I give my consent for my picture, video recording or audio recording to be used.

_____ I do NOT give my consent for my picture, video recording or audio recording to be used.



LILBURN POLICE DEPARTMENT Women's Self Defense Application

Lilburn Police Department Women's Self Defense Program Release from Liability and Indemnity Agreement

I, _____, in consideration of my being allowed to participate in the Lilburn Police Department's Women's Self Defense Program, do hereby agree as follows:

1. That I release the City of Lilburn, Georgia and their employees and agents from all liability to myself, or my heirs, administrators, executors, and assigns as a result of any damage to my property, injury to myself, or loss of life sustained as a result of my participation in the Lilburn Police Department's Women's Self Defense Program .
2. That I agree to hold harmless the City of Lilburn, Georgia and their employees and agents from all liability to myself, my heirs, administrators, executors and assigns, for any loss sustained by them as a result of any injury or damage caused by myself and I agree to indemnify said City Agents or employees for any loss incurred thereby.
3. I certify that the Lilburn Police Department's Women's Self Defense Program has been explained to me and that I am mentally and physically capable of performing the requirements of the Lilburn Police Department's Women's Self Defense Program and that I do not have any physical or mental impairment that would in any way create any danger to my health or well-being.
4. That I understand if I do not meet the minimum requirements for passing the Lilburn Police Department's Women's Self Defense Program, I will be removed from the Lilburn Police Department's Self Defense Program.

Applicant's Signature

signed on the _____ day of _____, 20__

Instructor/Witness Signature