



S.T.O.P.

**Student Operators Program
Hosted by The Tyrone Police Department**

TYRONE POLICE DEPARTMENT

S.T.O.P. PROGRAM

Dear Applicant,

We would like to take this opportunity to thank you for your interest in the Tyrone Police Department S.T.O.P. Program. This class is sponsored and presented by the Tyrone Police Department and its Training Division personnel. Thank you for your willingness to give up your valuable time to attend this class. We hope that it will be a rewarding, informative, and educational experience for you.

This class was designed to provide young drivers with basic information in regards to vehicle operations and traffic stops in the event of a driver being stopped by the police. The ultimate objective is to establish and maintain an understanding of citizen and officer safety during a vehicle pullover. The departments Judgmental Use of Force Simulator will be utilized during the class to provide an understanding of scenarios that law enforcement officers may encounter.

After completion of this program, we hope you will use the information provided to promote a better understanding and support of law enforcement in Tyrone.

The two (2) hour class will take place on Saturday, October 26th, 2024 at 10am at the Tyrone Police Department, located at 950 Senoia Road, Tyrone, GA 30290. If you wish to attend, please RSVP to the class by completing and returning the attached packet **no later than October 10th, 2024**. Class size is reserved to twenty (20) seats.

If you have any questions in regards to this class, please don't hesitate to contact myself or the department. Again, thank you for your interest in the S.T.O.P. Program.



Lt. Philip Nelson

Training Coordinator

Tyrone Police Department

950 Senoia Road

Tyrone, GA 30290

Phone: (770) 487-4732

TYRONE POLICE DEPARTMENT

S.T.O.P. PROGRAM

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION:

1. The class will take place on Saturday, October 26th, 2024 beginning at 10am and will last approximately two (2) hours.
2. Class attendees must be at least 15 years of age (parent/guardian authorization needed if under 18 years of age) and a resident of Fayette County.
3. **Deadline to RSVP is October 10th, 2024**

The attached RSVP packet can be returned in person to the Police Department front desk or mailed to:

Lt. Philip Nelson
Training Coordinator
Tyrone Police Department
950 Senoia Road
Tyrone, Georgia 30290

4. Class seating is limited to twenty (20) attendees.
5. The class is free of charge to all attendees.
6. Dress for the class is casual (Please no shorts, halter tops, flip flops, etc.).
7. The class will be held at the Tyrone Police Department, located at 950 Senoia Road, Tyrone, Georgia 30290.
8. All Town property is a tobacco free environment. Sorry, but tobacco use is not permitted on Town property.
9. Attendees will be promptly notified upon their acceptance to the class.
10. Please contact the Training Division of the Tyrone Police Department at (770) 487-4732 for any additional information.

**Tyrone Police Department
S.T.O.P Program – RSVP
October 26th, 2024 at 10am
RSVP Deadline: October 10th, 2024**

PLEASE PRINT CLEARLY; ALL FIELDS REQUIRED TO RSVP

Name: _____

Date of Birth: _____

Address: _____

City: _____ State _____ Zip _____

Primary Phone #: _____

Secondary Phone #: _____

Email: _____

If Under 18 Years of Age:

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone #: _____

READ CAREFULLY AND INITIAL:

_____ I give the Tyrone Police Department permission to use and release any media sources of myself that may be acquired during the S.T.O.P Program such as photos, videos, or any other multimedia items. I understand items could be used on the Department's website and social media apps such as Facebook, Instagram, etc. By initialing, I consent to release media sources.

I AFFIRM THAT THIS APPLICATION IS ACCURATE AND COMPLETE. BY SIGNING THIS APPLICATION, I CONFIRM THAT I HAVE REVIEWED AND UNDERSTAND ALL OF THE MENTIONED CONTENT ASKED IN THE APPLICATION.

APPLICANT SIGNATURE

PARENT/GUARDIAN SIGNATURE
(If Under 18 Years of Age)

DATE OF APPLICATION

WAIVER OF LIABILITY

I, _____, have made a voluntary request on my own initiative to participate in the S.T.O.P. Program hosted by the Tyrone Police Department, Tyrone, Georgia;

Now, therefore in consideration of The Town of Tyrone, Georgia allowing me to participate in the S.T.O.P. Program and in consideration of The Town of Tyrone permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release, and forever discharge The Town of Tyrone, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter The Town of Tyrone) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of The Town of Tyrone, or whether said harm or damage occurs through acts of a person not employed by The Town of Tyrone.

I ACKNOWLEDGE that I am aware that participating in the S.T.O.P. Program can be dangerous and may result in property damage or serious bodily injury. **I ASSUME THE RISK** of all injuries that may occur as a result of being permitted to participate in the S.T.O.P. Program.

I ACKNOWLEDGE that my participation in the S.T.O.P. Program is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/had with The Town of Tyrone.

I ACKNOWLEDGE that my participation in the S.T.O.P. Program may cause me to view possibly graphic and/or hazardous emergency photographs or scenes, and I agree to abide by all rules and instructions provided to me by The Tyrone Police Department personnel. I agree to assume the risk of any harm or injury I may receive as a result of my participation.

Waiver Continued

I ACKNOWLEDGE and UNDERSTAND that I will not engage in, perform, or interfere with any life threatening or emergency activities I may observe during my participation in the S.T.O.P. Program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the S.T.O.P. Program.

I AGREE to abide by all instructions given to me while participating in the S.T.O.P. Program and **I ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the S.T.O.P. Program, I may gain access to information of documents of a sensitive nature, and/or information deemed confidential by the Tyrone Police Department, The State of Georgia, or other agencies. **I agree that I will not release ANY information or items obtained by me that I may become privy to in the course of my participation in the S.T.O.P. Program.**

During the period of my participation in the S.T.O.P. Program, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of report, or the object of any lawsuits.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS The Town of Tyrone from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the S.T.O.P. Program.

The Tyrone Police Department will make reasonable efforts to assure all persons access to any programs and services. If disability requires special accommodations, please call the Tyrone Police Department Training Division at (770) 487-4732 (Lt. Philip Nelson).

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY THE TOWN OF TYRONE, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY AND PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE S.T.O.P Program.

Print Name

Signature

Date

IF UNDER 18 YEARS OF AGE:

Parent/Guardian Print Name

Parent/Guardian Signature

Date