



Ride Along Program
Durham Police Department
505 West Chapel Hill Street
Durham, NC 27701



Assumption of Risk of Injury or Damage
Waiver & Release of Claims

<i>Print Full Name</i>		<i>Date of Birth</i>	
<i>Street Address</i>		<i>City, State Zip</i>	
<i>Telephone</i>			
<i>Driver's License #</i>	<i>State</i>	<i>Emergency Contact Name</i>	<i>Emergency Contact Phone</i>
<i>Optional information (Known Allergies, Medic-Alert Info, Etc.)</i>			

In consideration of being allowed to participate in the police ride-along program by the City of Durham Police Department, *I assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am participating in the program.* This includes, but is not limited to, injuries, death, damages, or losses arising from the acts or omissions of the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents or the acts or omissions of a third party, while I am participating in the program or while I am on property owned, leased or otherwise utilized by the City of Durham in preparation for, or in conclusion of, my participation in the program. I release, forever discharge and covenant not to sue the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents from any and all liabilities arising out of or related in any way to my participation in the ride-along program, and I agree to defend, indemnify and save harmless the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents from any and all liabilities therefore.

As further consideration for being allowed to participate in the ride-along program, I agree to defend, indemnify and hold and save harmless the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents for any and all personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am participating in the program. *I knowingly assume all responsibility and liability for my own actions while I am participating in the ride-along program.*

I further understand that permission to participate in the ride-along program may be revoked at any time by decision of the officer operating the police vehicle or by any other supervisory or command officer.

_____	_____
Signature of Participant	Date
_____	_____
Signature of Parent/Guardian (if participant is under 18)	Date

DEPARTMENTAL USE ONLY

Riding with: _____	Div/Unit/District _____
Line Supervisor's Approval: _____	Watch Commander OK _____
Start Time _____	End Time _____
29 Ck'd ◇ NCIC ◇ DCI ◇ Local ◇ DMV	
Comments: _____	