



## **AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily requested to ride along as a passenger/observer in a Menifee Police Department vehicle during a tour of duty with a sworn police officer and/or non-sworn employee.

I AM AWARE THAT POLICE WORK IS A DANGEROUS OCCUPATION AND THAT RIDING IN A POLICE UNIT DURING AN OFFICER'S TOUR OF DUTY RESPONDING TO CALLS FOR SERVICE (e.g., DOMESTIC VIOLENCE, ROBBERIES, BURGLARIES, STOPPING INDIVIDUALS OR VEHICLES ON THE STREET FOR INVESTIGATION OF CRIMES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE AND APPRECIATION OF THE DANGERS INVOLVED, AMONG WHICH COULD INCLUDE BEING SHOT, STRUCK BY A VEHICLE, EXPOSED TO HAZARDOUS MATERIALS, INJURED IN A TRAFFIC COLLISION, OR HIT BY A THROWN OBJECT, AND HEREBY AGREE TO ACCEPT AND ASSUME THE RISK OF PROPERTY DAMAGE, INJURY OR DEATH RESULTING DURING OR FROM THE RIDE-ALONG. \_\_\_\_\_ (INITIAL)

AS LAWFUL CONSIDERATION for being allowed to ride along with a police officer during his/her tour of duty, I agree that I, my heirs, distributees, guardians, legal representative, next of kin, spouse and assignees **will not** make a claim against, sue, attach the property of, or prosecute the City of Menifee or its employees, for injury or death to my person or damage to my property resulting from passive or active negligence, or intentional acts, however caused, by any of its employees or other persons such as potential suspects or drivers of other vehicles, as a result of my participation as an observer or presence in a police unit, police station jail, or on the property of another while accompanying police officers engaged in law enforcement related activities. \_\_\_\_\_(INITIAL)

In addition, I hereby **RELEASE AND DISCHARGE** the City of Menifee and its employees from all actions, claims or demands I, my heirs, distributees, guardians, legal representatives, next of kin, spouse or assignees now have or may in the future have for injury or death to my person or damage to my property resulting from my participation in observing and accompanying a law enforcement officer / employee during a tour of duty. \_\_\_\_\_(INITIAL)

Further, I hereby agree to defend, indemnify, hold harmless, compensate and/or reimburse the City of Menifee and its employees for any claims brought against it for property damage or personal injury or death which arises as a result of my passive or active negligence or other act while participating in any of the above named activities, including attorneys' fees and other costs of defense.

\_\_\_\_\_ (INITIAL)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A CONTRACT FOR THE RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF MENIFEE AND ITS EMPLOYEES AND HAVE SIGNED IT OF MY OWN FREE WILL.

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**IF RELEASOR IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN:**

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



Menifee Police Department  
29714 Haun Road | Menifee, CA 92586 | (951) 723-1500

**Ed Varso, Chief of Police**

**TO BE FILLED OUT BY RIDE-ALONG/RELEASOR**

RELEASOR NAME (Print) \_\_\_\_\_ AGENCY AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

Have you ever been arrested? NO or YES (If YES, explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ IF UNDER 18 YEARS OF AGE,

A SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. PARENT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

**RECORDS CHECK** (Section to be completed by person conducting records check)

DATE \_\_\_\_\_ 968 \_\_\_\_\_ (INITIAL) RMS/F.I. CARDS \_\_\_\_\_ (INITIAL) CHS \_\_\_\_\_ (INITIAL)

TECHNICIAN'S NAME (Print) \_\_\_\_\_ TECHNICIAN'S SIGNATURE \_\_\_\_\_

**APPROVAL STATUS** (To be completed by Sergeant)

BACKGROUND CHECK: PASSED FAILED

APPROVED: YES NO DATE \_\_\_\_\_

SERGEANT'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ASSIGNED TO OFFICER \_\_\_\_\_ SHIFT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_