Ride Along Release and Indemnity Agreement

The undersigned has voluntarily elected to ride as a passenger in the Police Department vehicles of the Township of Chesterfield Police Department, and to accompany police officers while engaged in the performance of their duties to study and observe for his or her own benefit the functions and operations of the Police Department and its personnel;

The undersigned further desires to do so at his or her own risk, recognizing the possible and inherent danger to his or her person and property;

In consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself or herself, his wife, or her husband, heirs, executor or administrator, and personal representatives;

(a) Assume full responsibility for any personal injury or damage to his or her person or property which may occur, directly or indirectly, while in, on or about any such Police Department vehicle, the Police Department's premises, or while accompanying any police officers while in performance of their duties;

(b) Fully and forever release and discharge the Township of Chesterfield, its agents and employees, from any and all claims, demands, damages, rights of action, or causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying, any police officers of the Township of Chesterfield as aforesaid;

(c) Indemnify and hold harmless the Township of Chesterfield, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in or about any such Police Department vehicles or at any or all premises and places aforesaid, or while accompanying any such police officer as aforesaid;

(d) Agree to defend and pay any costs or attorney's fees as a result of any action brought by or against the Township of Chesterfield, its agents and employees, for any act or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicles or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid; and

(e) Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

Ride-Alone Date Date and Time of Ride-Alone

Operations Commander Date

Chief of Police Date
Ride Along Information Form

Name___________________________ __________________________ _________________

Last               First             Middle

Date of Birth ______________________ Driver’s License Number ______________________

Emergency Contact ________________________________________________________________

Address _________________________________________________________________________

Primary Phone Number __________________________ Alternate __________________________

Primary Doctor ________________________________ City ________________________________

Phone number ________________________________

Any known allergies? _______ Yes _______ No  If yes, please explain

____________________________________________________________________________

____________________________________________________________________________

Do you take any medication? _______ Yes _______ No  If yes, please explain

____________________________________________________________________________

____________________________________________________________________________

Participant Signature ____________________________ Date ___________

Department Representative ______________________________ Date __________