RIDE-ALONG WAIVER
ALBEMARLE COUNTY POLICE DEPARTMENT

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

I, ___________________________, age ________, have made a voluntary request to ride in a vehicle assigned to the Albemarle County Police Department and to accompany a member, or members, of the Police Department during the performance of their official duties.

In consideration of the permission given to me to participate in a ride-along program, I do hereby agree:

1. That I am aware that the work of the Police Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Police Department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution or the escape of radioactive substances while accompanying a member or members of the Police Department during the performance of their official duties.

2. That the County of Albemarle, Ron Lantz, Chief of Police for the County of Albemarle, his sureties, all members of the Police Department of Albemarle County, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or to my property, incurred while riding in any vehicle assigned to the County Police Department or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Albemarle County Police Department.

3. For myself, my heirs, executors, administrators and assigns, to release, indemnify, protect, defend and hold the County of Albemarle, the County of Albemarle Police Department, and all officers, employees, supervisors and others employed by said County or Department, harmless from all liability, obligations losses, claims, demands, damages, actions, suits, proceedings, costs and expenses, including attorney’s fees, of any kind of nature whatsoever, whether suffered, made, instituted or asserted by me, my heirs, executors, administrators and assigns, or by any other entity, party or person for any personal injury to or death of any person or persons and for any loss, damage or destruction of any property, whether owned by County or not, arising out of, connected with, or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claims negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned to the Albemarle County Police Department or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

APPICANT SIGNATURE: ___________________________ DATE: _____________

PRINTED NAME OF PARENT/GUARDIAN: ___________________________ (For Minor)

PARENT/GUARDIAN SIGNATURE: ___________________________

PRINTED NAME OF ACPD WITNESS: ___________________________

ACPD WITNESS SIGNATURE: ___________________________