



City of Rockford

ROCKFORD POLICE DEPARTMENT

Daniel G. O'Shea, Chief of Police

VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, _____, hereby acknowledge that I have voluntarily applied to participate in the Rockford Police Department Ride-Along Program. I have read, understood, and agree to abide by the Ride-Along Rules and Guidelines, attached hereto, regarding my required conduct and responsibilities with respect to the Ride-Along Program. **INITIAL**_____

I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS due to many factors and such factors, may at times, present a danger to me. **INITIAL**_____

I am voluntarily participating in this activity with knowledge of the danger involved and hereby assume full responsibility for the risk of bodily injury, death or property damage resulting from any aspect of my voluntary participation in the Rockford Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL**_____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF ROCKFORD, ILLINOIS, its elected officials, officers, agents and employees from any and all claims, damages, cause of action, demands in law or in equity, resulting from the action or inaction of the City of Rockford, Illinois, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the City of Rockford, Illinois Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL**_____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF ROCKFORD, ILLINOIS FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: ____/____/____

Parent or Guardian: _____ Date: ____/____/____
(If applicant is under 18)

Witness Signature: _____ Date: ____/____/____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____