



Ride-Along Program

RELEASE and WAIVER and ACKNOWLEDGMENT of RISK

Police officers can be, and often are, assigned duties which involve danger and serious risks. Duties which involve emergencies or danger will not be avoided because you are present. While every reasonable effort will be made to ensure your safety, the officer's first responsibility will be to carry out his assigned duties. Please be aware that in riding along, you have assumed the risk of becoming injured or even killed. These risks include but are not limited to the following: being involved in a traffic accident, being shot, being taken hostage, being exposed to OC spray, being assaulted, being cut or stuck by a sharp weapon, being exposed to contagions and/or being verbally abused.

I, _____, age _____, residing at _____, do hereby, on behalf of myself, my heirs, beneficiaries and assigns do hereby forever RELEASE, DISCHARGE and hold harmless the City of Williamsburg, the Williamsburg Police Department, and all its officers, agents, and employees from any and all claims, demands, and liabilities to me on account of any and all injuries, losses, and damages to my person and property which may arise while I participate in the Williamsburg Police Department Ride-Along Program and that I assume any and all risks associated with participating in the ride along program including the risk of physical injury, emotional injury or distress, or property damage.

Furthermore I acknowledge that as a participant in the Ride-Along Program I have **No** powers of arrest or seizure. I will adhere to all policies and procedures of the Williamsburg Police Department. I will follow the direction/instructions of the police department employee(s) I am assigned. FURTHER, I agree to protect and save harmless said City of Williamsburg, the Williamsburg Police Department, and all its officers, agents, and employees from any further loss, damage, or expense, by reason of litigation or otherwise, on account of the claims, liabilities, and injuries to person or property due to my participating in this program.

I hereby certify that I have read, understand, and agree to all the terms of this program, including the Rules of Conduct and Program Procedures.

Witness my hand and seal this _____ day of _____, 20____, in the City of Williamsburg. I agree that this release and waiver will be effective for any of my participation in the Williamsburg Police Department Ride-Along Program for twelve (12) months from this date.

Signature (SEAL): _____ Print Name: _____

Social Security Number: -- -- Date of Birth: _____

Address: _____

Phone Numbers: (Cell): _____ (Home): _____

Witness to signature: _____ Date: _____