

ROCKY MOUNT POLICE DEPARTMENT
Ride-Along Program

*Liability Release, Acknowledgement, and Assumption of Risk
For Adult Participants*

I, _____ understand that participation in this program involves the risk of injury. I understand that I will be riding with the Rocky Mount Police Department, and that I may be exposed to some danger due to the nature of law enforcement. I hereby release the City of Rocky Mount and the Rocky Mount Police Department from all liabilities for any accidents or injuries incurred during the time I am riding with the Rocky Mount Police Department.

By signing this form, I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the Police Officers and supervisors of the program.

Furthermore, in return for the opportunity to participate in this program, I agree for myself, my heirs, assigns, executors and administrators to waive any legal rights I may have to seek payment of any kind from the City, its employees or its agents for bodily injury or death resulting from this program. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I may be entitled, unless if my injury or death were to be caused by the negligence of the City, its employees or its agents.

I understand that no insurance coverage is provided by the City of Rocky Mount. I have read and understand all the provisions in this participation release.

Signature of the Participant

Date

Signature of Program Coordinator

Date

Signature of Chief of Police or Designee

Date