JACKSBORO POLICE DEPARTMENT
WAIVER OF LIABILITY FOR POLICE RIDE-ALONG

I, the undersigned, as an inducement to the City of Jacksboro to allow me to participate in its Ride-Along Program, and for and in consideration of the privilege of being personally allowed to ride as a guest and voluntary observer in a police patrol vehicle, and to accompany an officer or officers of the Jacksboro Police Department on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including, but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects me in any manner whatsoever, and do hereby release the City of Jacksboro, its Police Department, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands, or causes of action which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the City of Jacksboro as a guest and voluntary observer, including liability, claims, suits, demands, or causes of action which arise from the negligence or acts or omissions of the City of Jacksboro, its officers, agents, employees, and officials.

I voluntarily choose to participate in this program for personal and civic reasons without promise, expectation or receipt of monetary compensation.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Jacksboro, its officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or any other defense, claims, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Jacksboro, or its officers, agents, or employees in signing this release. I further certify that I am an adult, am sound in mental health, and fully capable of making this waiver of liability.

_____
Signature

SWORN TO AND SUBSCRIBED before me, the undersigned authority on this, the _____ day of _____, 20___, A.D., by _____

_____
Notary Public

_____
Printed Name

_____
My Commission Expires