

Brimfield Police Department
Ride-Along
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS

As used in this agreement, the term, "Law Enforcement" shall mean the Police Department of Brimfield Township Ohio.

WHEREAS, the undersigned, has made a voluntary request for permission to ride as a guest or observer in a law enforcement department vehicle at a time when such vehicle is operated and manned by members of said law enforcement department, and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers; and,

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense, or loss to person and property; and further agrees that the undersigned willingly requested the opportunity to accompany a member of law enforcement.

NOW, THEREFORE, be it understood, that the undersigned, hereby agrees that the Brimfield Police Department, and members of the Brimfield Police Department, the driver or owner of any automobile owned or operated by or in the service of Brimfield Township, their sureties and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his estate, or heirs, for any injury, damage, expense, or loss to the person or property of the undersigned, incurred while riding as guest or observer in any law enforcement department vehicle or while accompanying a member of said law enforcement department during the active performance of his/her official duties as a peace officer.

I HAVE READ THE ABOVE WAIVER AND UNDERSTAND SAME:

NAME (PRINTED)

SIGNATURE

DATE

Completed by BPD:

BPD Report # _____

Brimfield Police Department

REQUEST FOR RIDE-ALONG

Please return this form along with the attached
"Waiver and Release of Claims" form

DATE REQUESTING TO RIDE: _____

TIME REQUESTING TO RIDE _____

NAME: _____ DOB: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

ARE YOU (check all that apply):

- A Brimfield Township resident
- Employed in Brimfield Township
Employer's address: _____
- A friend of a BPD employee
Name of employee: _____
- A relative of a BPD employee
Name of employee: _____

Male Female

HOW DID YOU HEAR ABOUT THIS PROGRAM?

Friend BPD employee Online Other _____

REASON FOR GOING ON A RIDE-ALONG (check all that apply):

- Current Police Officer Applicant Current Civilian Employee Applicant
- Interest in law enforcement
- Interest in the Community
- Other _____

HAVE YOU EVER BEEN ON A RIDE-ALONG WITH BPD?

No Yes, When (approximate date/s): _____

FOR BPD USE ONLY:

UNIT# ASSIGNED: _____ DATE/TIME OF RIDE _____

SUPERVISOR ASSIGNING: _____

RECORD CHECK BY: _____

BPD REPORT #: _____