



**WIGGINS POLICE DEPARTMENT RIDE ALONG AGREEMENT ASSUMING RISK OF INJURY OR
DAMAGE WAIVER AND RELEASE OF ALL CLAIMS**

For and in consideration of being permitted to ride in a Wiggins Police Department vehicle as a passenger or an observer, and in acknowledgment of the fact that the work and activities of said law enforcement department are inherently dangerous involving possible risk of injury, death, damage, expense or loss to person or property,

I, _____

Rider name (PRINT FULL LEGAL NAME) and Date of Birth

For myself, my heirs, assigns or other successors in interest, I do hereby release and agree to hold harmless the Town of Wiggins, the Wiggins Police Department, its officers, agents, employees, and insurers from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever known or unknown including but not limited to negligence which I may have or which may inure to me as a result of the acts or omissions of the Town of Wiggins, the Wiggins Police Department, its officers, employees or agents, or which otherwise arise as a result of my being said passenger or observer. I do hereby waive any claim against the Town of Wiggins, the Wiggins Police Department, its officer(s), agents, employees, and insurers for personal injuries, death, loss, property damage or medical expenses of whatever nature, which might arise during or as a result of my accompanying the Wiggins Police Department as a passenger in their vehicle or as an observer of the performance of their official duties. It is expressly agreed and understood that I will indemnify the Town of Wiggins, the Wiggins Police Department, its officers, agents, employees, and insurers in the event of any loss, damage or claims arising from the subject activity.

I furthermore agree to follow any direction(s) provided to me by any Wiggins' Police Officer regarding actions for my safety during this ride along, such as directions to stay in the vehicle or other such directions that may be provided for my safety and well being. I also grant consent for the Wiggins Police Department to complete a background check prior to being approved to participate in this ride along.

Signature: _____

Parent or Guardian: _____ (If rider is under 18 years of age)

Dated this _____ day of _____ 20 _____