

Ceres Department of Public Safety
EMERGENCY SERVICES DIVISION

Ride Along Program
Declaration of Assumption of Risk
And Release of Liability

The undersigned, _____, have made a voluntary request for permission to ride as a guest or observer in a Ceres Department of Public Safety vehicle at a time when such vehicle is operated and manned by a member or members of said law enforcement or emergency services division during the active performance of their duties as Police Officers or Firefighters.

The undersigned acknowledges the work and activities of said law enforcement and emergency services division are inherently dangerous and involve possible risks of injury, death, and damage or loss to person and property. The undersigned further understands said risks may arrive from, but are not limited to, civil disturbances; explosions or shooting; assaults and/or batteries; vehicular collision; and the effects of wind, rain, fire, and gas; and I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.

In consideration of my participation in the "ride along" program that is the subject of this agreement, the undersigned and his/her parent or guardian, if under the age of 18 years, hereby releases the City of Ceres, its officers, agents, employees and volunteers, the Public Safety Department, its officers, agents, employees and volunteers from any and all liability arising out of my said participation. The undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, wrongful death, or damage to property of person occurring to him/herself as a result of participating in said activity.

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE ABOVE-NAMED PARTIES FROM LIABILITY FOR PERSONAL INJURY OR DEATH, DAMAMGE, AND EXPENSE OF LOSS TO PERSON OR PROPERTY CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she has read the foregoing three paragraphs, is fully and completely aware of the potential dangers incidental to participating in the program and is aware of the legal consequences of signing this release of liability.

_____/_____
Signature Date

If under 18 years of age, parent or legal guardian must also sign.

_____/_____
Signature Date

CAD EVENT _____

Rider's Name: _____ DOB: _____

Address: _____ Phone: _____

Assigned Captain: _____ Battalion Chief: _____