

RIDE-ALONG REQUEST/WAIVER OF LIABILITY AGREEMENT

ASSUMPTION OF RISK OF INJURY FROM INCIDENTS OCCURRING WHILE ACCOMPANYING A POLICE OFFICER OR OTHER EMPLOYEE OF THE FARGO POLICE DEPARTMENT IN THE PERFORMANCE OF THEIR WORK ACTIVITIES AND WAIVER OF ALL CLAIMS AGAINST THE CITY OF FARGO

I am requesting to accompany or “ride-along” with a Fargo police officer assigned to patrol duties, or otherwise accompany other sworn officers or civilian employees of the Fargo Police Department in the performance of their work activities during the following date(s) and time(s):

I realize that police work can and oftentimes does include many risks of injury to persons and property. I further realize that police officers can and do become involved in high speed vehicle chases, shooting incidents, other violent situations, and a variety of other situations that are dangerous to persons or property. I acknowledge that by accompanying a police officer assigned to patrol duties, or other sworn officers or civilian employees of the Fargo Police Department in the performance of their work activities, that my life, property, or safety may be subject to danger or otherwise compromised.

I am voluntarily requesting to accompany a Fargo police officer assigned to patrol duties or other sworn officers or civilian employees of the Fargo Police Department in the performance of their work activities. I freely **ASSUME THE RISK OF ALL DANGEROUS CONDITIONS** associated with being transported in vehicles owned and operated by the Fargo Police Department and/or any other situation or condition that may be present during the time I am accompanying a sworn officer or civilian employee of the Fargo Police Department.

I realize that were I or my property injured, damaged, or otherwise compromised, I might have a legal claim against the Fargo Police Department, its employees, or the City of Fargo, based on the negligent or intentional acts or omissions of Fargo police officers or other employees or agents of the City of Fargo, but **I HEREBY WAIVE ALL CLAIMS FOR DAMAGE OR LOSS TO MY PERSON OR PROPERTY** which may be caused by any act or omission by the Fargo Police Department, its officers, agents, employees, or the City of Fargo.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AND DO AGREE TO SAME.

Dated this _____ day of _____, _____ .

SIGNATURE _____ (PRINT YOUR NAME)

I am the parent or legal guardian of _____ who is less than eighteen (18) years-of-age, and do acknowledge that I have read the information above and execute this writing on their behalf.

See Reverse Side.....

