



# Twin Rivers District Police Department

## RIDE ALONG RELEASE OF LIABILITY WAIVER

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CDL \_\_\_\_\_  
DOB \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
PHONE \_\_\_\_\_  
REFERENCE \_\_\_\_\_  
PHONE \_\_\_\_\_

I hereby completely acknowledge, comprehend and agree to the following in consideration for authorization to participate in the Ride Along Program with the Twin Rivers District Police Department.

I am fully aware of and understand that the nature of the duties of the Twin Rivers District Police Department are inherently hazardous and potentially lethal. I may be subjected and exposed to the risk of death or great physical bodily injury, mental, emotional or psychological trauma and damage, post traumatic stress disorder or property damage during the course of the performance of the official duties and responsibilities of the Twin Rivers District Police Department.

I further understand that hazardous conditions and unusual circumstances may arise that include but are not limited to the following situations. I may be exposed to the use of non lethal and lethal weapons, acts of violence, violent and combative subjects, unlawful acts, assaults, riots, disturbances of the peace, fires, explosions, radiation, electrocution, chemical exposure, potentially harmful biological exposure, natural disasters, nuclear disasters, unforeseen variables and occurrences, acts of war and acts of God.

I have read and understand the following provisions of California Vehicle Code § 17158.

No person riding in or occupying a vehicle owned by them and driven by another person with their permission and no person who as a guest accepts a ride in any vehicle upon a highway without giving compensation for such ride, not any other person, has any right of action for civil damages against the driver of the vehicle or against any other person legally liable for the conduct of the driver on account of personal injury to or the death of the owner or guest during the ride; unless the plaintiff in any such action establishes that the injury or death proximately resulted from the intoxication or willful misconduct of the driver.

I understand that while occupying a vehicle of the Twin Rivers District Police Department, that my status is that of a guest according to California Vehicle Code § 17158. My right for civil damages against the driver of the said vehicle or any other person legally liable for the conduct of the driver, for death, personal injury or property damage is that of provided by California Vehicle Code § 17158.

Furthermore, I hereby agree that myself, my heirs, executors and any other administrators or assigns will defend, indemnify and completely release and hold harmless of any and all loss, liability and responsibility, the Twin Rivers District Police Department, the Chief of Police, Police Officers, Department employees or agents, the Twin Rivers Unified School District, its Board of Trustees, the District Superintendent, Associate or Assistant Superintendents, District employees or agents, of any and all manner of actions, suits, claims, debts, demands, damages or liability or expense of any and every kind and nature incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine while participating in the Twin Rivers District Police Department Ride Along Program.

I have carefully read, completely agree with and understand this document. This document is binding in accordance with the laws of the State of California.

Participant Printed Name and Signature ▲ Date ▲ Twin Rivers District Police Department ▲ Date ▲

**RECORDS • INDICATE CHECKS COMPLETED**

- CLETS
- NCIC
- DMV
- CRIMINAL
- WARRANTS

- EMERGENCY CONTACT
- EMPLOYMENT
- REFERENCES

- DAY SHIFT
- NIGHT SHIFT
- SWING SHIFT
- WEEKEND SHIFT

- SUPERVISOR APPROVAL
- WATCH COMMANDER ADV
- COMM CENTER NOTIFIED
- OTHER AGENCY

- CLEAR
- OTHER
- REJECTED

- MEDICAL CONDITIONS
- OTHER CONDITIONS
- MEDICATIONS
- DISABILITIES

- A • CITY SECTOR
- C • COUNTY SECTOR
- D • DISTRICT SECTOR

<b>RECORD CLERK ID • NOTES</b>