



The Deadwood Police Department is pleased that you have chosen to participate in our Ride-Along Program. We would like you to be fully aware of the conditions under which this program operates;

1. You will be assigned to ride with a regular patrol officer of this department. He or she will be assigned to his or her normal duties and will respond to all calls for service which he is assigned.
2. Police officers can be and often are assigned duties which involve danger and serious risks. The officer with whom you are riding will not avoid or disregard duties which involve emergencies or danger simply because you are accompanying him or her.

IN CONSIDERATION OF THE PERMISSION WHICH I HAVE RECEIVED TO ACCOMPANY ONE OR MORE POLICE OFFICER OF THE DEADWOOD POLICE DEPARTMENT, DEADWOOD, SOUTH DAKOTA, IN THE COURSE OF THEIR DUTY, I THE UNDERSIGNED, DO BY THESE PRESENTS RELEASE THE CITY OF DEADWOOD, ITS POLICE OFFICERS, PUBLIC OFFICIALS, AGENTS, SERVANT AND EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHICH I MAY HERETOFTER HAVE ON ACCOUNT OF ANY AND ALL INJURIES AND DAMAGE TO ME OR TO MY PROPERTY, OR MY DEATH, ARISING OUT OF OR RELATED TO ANY HAPPENING OR OCCURANCE WHILE I AM ACCOMPANYING ANY OFFICER(S) OF THE DEADWOOD POLICE DEPARTMENT ON DUTY, OR INCIDENTAL THERETO, AND FOR THE SAME CONSIDERATION I PROMISE TO RELEASE , AND COVENANT NOT TO SUE THE SAID CITY AND THE SAID PERSONS, AND AGREE TO FOREVER HOLD THEM AND EACH OF THEM HARMLESS FROM ANY SUCH LIABILITY, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

THE TERMS HEROF SHALL BE OF FULL FORCE AND EFFECT ON THE DATE HEROF AND ON ANY OTHER ACCASION WHEN I MAY HEREAFTER ACCOMPANY ANY DEADWOOD POLICE DEPARTMENT OFFICER(S). I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS PROGRAM AS STATED ABOVE AND HEREBY VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE OR INJURY TO ME OR TO MY PROPERTY, INCLUDING DEATH, WHICH MAY BE SUSTAINED OR INCIDENTAL TO ACCOMPANYING ONE OR MORE DEADWOOD POLICE DEPARTMENT OFFICERS WHILE ON DUTY.

THIS RELEASE AND AGGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND ASSIGNS, AND SHALL INSURE TO THE BENEFIT OF SAID CITY, AGENTS, PUBLIC OFFICIALS AND PERSONS HEREIN DESIGNATED, AND THEIR HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, ASSIGNS, AND SUCCESSORS IN OFFICE.

NAME(PRINT) _____ SIGNATURE _____

ADDRESS _____ DATED THIS _____ DAY OF _____, 20____

PARENTS OR GUARDIANS CONSENT

We, the undersigned, represent that we are the legally appointed or natural guardians or parents of the above person who is under the age of 18 years; that he/she has signed the foregoing document with our full knowledge and consent; and that we join in the execution of the same and agree to the same and agree to the terms thereof and do hereby bind ourselves and our heirs, executors, personal representatives and assigns.

Name (print) _____ Signature _____

Name (print) _____ Signature _____

Address _____ Dated this _____ day of _____, 20____

FOR DEADWOOD POLICE DEPARTMENT USE ONLY

Witnessed and approved by _____ (supervisor's Signature).

Date and Time of Ride _____ Officer _____

Approved by Chief of Police _____ Date _____