

Ride-Along Participant Waiver

Please read this form carefully and be aware that by participating in this program you are waiving your rights to all claims for any injuries you might sustain arising out of this program and that you will be required to indemnify, hold harmless and defend the Village of Hillside and its police department, officers, agents and employees for any claims arising out of participation in the Ride-Along Program.

Risk of Injury: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program. I affirmatively state that I do not suffer from any type of ailment, illness or disorder that affects or may affect my ability to participate in the Ride-Along Program.

Waiver of Injury Claims: I will agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the Ride-Along program.

Release of Liability: I do hereby fully release and discharge the Village of Hillside and its police department, and its officers, agents, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may occur on account of participation in the program.

Indemnity and Defense: I further agree to indemnify, hold harmless and defend the Village of Hillside, its police department, its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary and agree that I will be responsible for payment of any and all medical services rendered. I further understand and agree that I am not an employee of the Village of Hillside or its police department and not entitled to any benefits provided under the Workers' Compensation Act. I have read and fully understand and agree to the above stated conditions of participation in the Ride-Along Program.

Date of Participation:

Printed Name of Participant: _____

Participant's Signature: _____

Accepted for the Hillside Police Department: _____