

WINTERGREEN POLICE DEPARTMENT		
RIDE-ALONG PROGRAM		LIABILITY EXEMPTION FORM
NAME:		DATE:
ADDRESS:		
SSN: — —	DATE OF BIRTH:	PHONE:
LIABILITY EXEMPTION: <p>I hereby release the Wintergreen Property Owners Association, Inc., Wintergreen Police Department and any member of the Wintergreen Police Department from any and all liability directly or indirectly arising out of my riding in a police unit with a police officer of the Wintergreen Police Department.</p> <p>This release includes, but is not limited to death or injury while being transported in, or while riding in a police or other type vehicle operated by an official, officer or other employee of the Wintergreen Police Department.</p> <p>I further agree to hold harmless the Wintergreen Property Owners Association, the Wintergreen Police Department, it's officials, officers or other employees from all expenses, liabilities and other claims that may result from any and all assistance provided.</p> <p>I further agree that, police work by its nature can be dangerous and that I may be dropped off at a location convenient to the officer at the officers discretion so as to not be exposed to the dangers of a call or assignment.</p> <p>I further agree to not carry in my possession, any weapon or firearm, camera or recording device while riding with an officer.</p> <p>I agree to NOT reveal what I may see or hear during the tour that could be detrimental to prosecution or any cases arising from the officer's performance of duty. I may be called as a witness in a court proceeding at the discretion of the officer.</p> <p>I understand that my presence is primarily that of an observer only and may not be allowed to be present with the officer under circumstances dictated by department policy.</p> <p>I HAVE READ THE ABOVE AND DO AGREE TO THESE STIPULATIONS</p> <p>_____ DATE: _____</p> <p>_____</p> <p>printed name of participant</p> <p>WITNESS and OFFICER ASSIGNED: _____</p> <p>APPROVING SUPERVISOR: _____</p>		