

KEVIN L GERBER

Chief of Police

**DECATUR
POLICE DEPARTMENT**

112 South Seventh Street
Decatur, Indiana 46733



CHRISTOPHER W BRITE

Deputy Chief

**WAIVER TO RIDE WITH OFFICERS
ASSUMPTION OF RISK AND RELEASE**

The undersigned, at least 18 years of age, in consideration of permission to ride as a passenger in a vehicle operated by a member of the Decatur Police Department, hereby voluntarily and knowingly acknowledges the following:

1. That riding in a police vehicle, by its very nature, may involve a high degree of risk from an unknown number of causes.
2. That said risk may result in property damage; in bodily injury, both physical and mental; and may even result in death.

Riders under the age of 18 shall be only approved by the Chief or Deputy Chief.

Being fully advised and aware of such risk, the undersigned hereby assumes this risk and accepts full responsibility for any and all property damage and bodily injury, both physical and mental, including death, which may happen to the undersigned as a result of so riding.

The undersigned, for myself, my heirs, next of kin, personal representatives and assigns, does hereby RELEASE, waive, discharge and covenant, not to sue said City, it's representatives, employees, agents and officials, of any liability for damages of any nature or description that may result from my riding in said vehicles.

Date: _____

Signed: _____

Printed Name: _____

Address: _____

DOB: _____ SSN: _____

A COLOR COPY OF APPLICANT'S PHOTO ID *MUST* ACCOMPANY THIS WAIVER

Recommended by: _____ ID #: _____

Approved ☐ Disapproved ☐ Police Chief _____ Date: _____

This waiver expires: _____ Restrictions:

decaturpd@decaturin.org
Emergency 911
Office (260) 724-8646 (8 a.m. – 4 p.m.)
After Hours (260) 724-3123
FAX (260) 724-3957

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If the participant is under the age of 18, a parent or legal guardian **MUST** complete the following:

I, _____, as Parent/Legal Guardian of _____
acknowledge that I have reviewed this waiver in its entirety and I fully understand and agree to its terms. Furthermore, I hereby do release the State of Indiana, the Decatur Police Department, its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission during law enforcement activities in which my child, _____, participates. I have been advised that I can have this document reviewed by my own legal counsel prior to signing. I intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

A COLOR COPY OF APPLICANT'S PHOTO ID *MUST* ACCOMPANY THIS WAIVER

Signature

Witness Signature

Printed Name

Printed Name

Date

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