



RAPID CITY POLICE DEPARTMENT RELEASE AND COVENANT NOT TO SUE



The Rapid City Police Department is pleased that you have chosen to participate in our Ride-A-Long 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 will be assigned to his normal duties and will respond to all calls for service to which he/she 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/her.
3. You will be expected to be neat and clean in appearance. Clothing should be discreetly selected as riders will be in full view of the public. Sweat shirts, shorts, or other leisure apparel will not be permitted.

 IN CONSIDERATION OF PERMISSION WHICH I HAVE RECEIVED TO ACCOMPANY ONE OR MORE POLICE OFFICERS OF THE RAPID CITY POLICE DEPARTMENT, RAPID CITY, SOUTH DAKOTA, IN THE COURSE OF THEIR DUTIES, I, THE UNDERSIGNED, DO BY THESE PRESENTS RELEASE THE CITY OF RAPID CITY, ITS POLICE OFFICERS, PUBLIC OFFICIALS, AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHICH I MAY HEREAFTER HAVE ON ACCOUNT OF ANY AND ALL INJURIES AND DAMAGE TO ME OR MY PROPERTY, OR MY DEATH, ARISING OUT OF OR RELATED TO ANY HAPPENING OR OCCURRENCE WHILE I AM ACCOMPANYING ANY OFFICERS OF THE RAPID CITY 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 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 HEREOF SHALL BE OF FULL FORCE AND EFFECT ON THE DATE HEREOF AND ON ANY OTHER OCCASION WHEN I MAY HEREAFTER ACCOMPANY ANY RAPID CITY POLICE DEPARTMENT OFFICERS. I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS PROGRAM AS STATED ABOVE AND HEREBY VOLUNTARILY ASSUME ALL RISK OF LOSS, INJURY TO ME OR MY PROPERTY, INCLUDING DEATH, WHICH MAY BE SUSTAINED WHILE OR INCIDENTAL TO ACCOMPANYING ONE OR MORE OFFICERS OF THE RAPID CITY POLICE DEPARTMENT OFFICERS WHILE ON DUTY.

IN THE EVENT THE RIDER IS ON A RIDE-ALONG WITH POLICE, FIRE OR MEDICAL RESPONDER/AMBULANCE AND THE RIDER OBTAINS KNOWLEDGE OF MEDICAL INFORMATION ON ANY PERSON OR PERSONS BEING ATTENDED TO BY POLICE OR MEDICAL PERSONNEL, THE RIDER EXPRESSLY UNDERSTANDS THAT HE/SHE IS NOT TO USE FOR ANY PURPOSE ANY MEDICAL INFORMATION THAT MAY BE OBTAINED WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PATIENT.

THIS RELEASE AND AGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND ASSIGN, 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: _____ DATE: _____

PURPOSE OF RIDE: _____ DOB: _____ PHONE NUMBER: _____

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 terms and provisions for ourselves and our heirs, executors, personal representatives and assigns.

NAME (PRINT): _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____

ADDRESS: _____ DATE: _____

WITNESSED AND APPROVED BY: _____ DATE AND TIME OF RIDE: _____

RIDE-ALONG WITH OFFICER(S): _____