



Philip Smith
Chief of Police

Evansville Police Department

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RIDE-ALONG WAIVER, RELEASE AGREEMENT AND INFORMED CONSENT

The undersigned, being at least eighteen (18) years of age, and in consideration for acceptance, approval and participation in a program of the Evansville Police Department, including, but not limited to, the civilian Ride-Along Program and Field Trips (collectively referred to herein as the “PROGRAM”), sponsored by the City of Evansville (the “City”) and the Evansville Police Department (the “EPD”), does hereby agree to this waiver and release agreement (the “Agreement”).

I recognize that the PROGRAM may involve physical activity and may carry a risk of personal injury and may cause me physical or emotional discomfort. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions in the PROGRAM can cause injury to me. I hereby agree to assume all risks which may be associated with or which may result from my participation in the PROGRAM. I state that I am free from any known health conditions that could prevent me from participating in any of the activities associated with the PROGRAM. I further state that I am sufficiently physically fit to participate in the activities of this program.

I certify that at all times, I shall have medical insurance to cover the cost of any medical care, emergency or otherwise, that I may receive for any illness or injury created by my participation in the PROGRAM. In the event I fail to have medical insurance, I certify that I will be personally responsible for the cost of any medical care, emergency or otherwise, that I receive.

I further agree to release, indemnify and hold harmless the City and the EPD, their agencies, departments, officers, employees, agents, insurers, representatives, elected officials, affiliates, directors, servants, volunteers, members, sponsors and/or officials and staff from any such entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from the costs of any medical care that I receive while participating in the PROGRAM or as a result of it.

I further agree to release, indemnify, and hold harmless the City and the EPD, their agencies, departments, officers, employees, agents, insurers, representatives, elected officials, affiliates, directors, servants, volunteers, members, sponsors and/or officials and staff of any such entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorneys’ fees or harm of any kind or nature to me arising out of any and all activities associated with my participation in the PROGRAM.

I further agree to release, indemnify, defend and hold harmless the above-mentioned entities and representative officials from all liability, negligence or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs or assigns from or in any way connected with my activities in the PROGRAM.

I further agree to indemnify, defend and hold harmless, and do hereby release the above-mentioned entities and representative persons, from all liability, negligence or breach of warranty associated with injuries or damages caused by my participation in the PROGRAM to any third party(ies).

I further agree that I will not make any audio or visual recording during my participation in the PROGRAM without first receiving permission to do so from a representative of the EPD.

Nationally Accredited



in partnership with the community

SIGNED WAIVER, RELEASE AGREEMENT AND INFORMED CONSENT

I have carefully read and understand the contents of the agreement. I do hereby certify, state, and acknowledge that I am not under the influence of alcohol or any mind-altering substance whatsoever. I am free of any duress or coercion. I voluntarily, knowingly, and willingly execute the agreement intending it to cover my participation in the Ride-long program sponsored by the City of Evansville and the Evansville Police Department.

Program Participant Signature: (if a minor, must have accompanying parent or guardian sign)

Printed Name: _____ **Date:** _____

Officer: _____ **Badge #** _____ **Date:** _____

Printed Name: _____ **Date:** _____

INFORMED CONSENT FOR MEDICAL TREATMENT

Consent is expressly given, in the event of injury, for any emergency medical treatment, including, but not limited to, anesthesia and/or operation, if, in the opinion of the attending physician, such treatment is necessary.

Program Participant Signature: (if a minor, must have accompanying parent or guardian sign)

Printed Name: _____ **Date:** _____

Officer: _____ **Date:** _____

Printed Name: _____ **Date:** _____

CONTACT INFORMATION

Participant Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: _____ **Home Phone:** _____

Date of Birth: _____ **Gender:** _____

**** All completed forms are to be turned into Central Records prior to the Ride-Along ****

Records personnel that received paperwork:

Name: _____ Badge: _____