

LORAIN POLICE DEPARTMENT

100 West Erie Avenue
Lorain, Ohio 44052-1646
PH: (440) 204-2103 FAX: (440) 204-2519



James McCann, Chief of Police

PUBLIC SERVICE WITH HONOR

Lorain Police Department Release and Indemnity Agreement

I, _____, acknowledge that I have requested permission from the Lorain Police Department to participate in the Department's "Ride-Along" program.

- I acknowledge that the ride-along program involves accompanying a police officer who is in the performance of his or her duty as a police officer.

- I have been advised of the various dangers which I may be exposed to during my participation with this program.

- I have been specifically informed of the fact that police vehicles are sometimes required to operate in an emergency fashion which may expose me to danger.

- I also acknowledge that I have been advised of the fact that while accompanying an officer I may be exposed to danger to both my person and my personal property due to the actions of criminal suspects, prisoners, and other persons that I may come into contact with during my ride-along.

NOW, THEREFORE, having been fully advised of the dangers inherent in the ride-along program in which I request to participate, and in consideration of the privilege granted to me by the City of Lorain to be a gratuitous passenger in a police car, I do hereby, for myself, my spouse, heirs, executor or administrator, assigns and personal representatives:

1. Assume full responsibility for any personal injury, death or any damage to my personal property which may occur directly or indirectly, while in, or about any such police department vehicle, and all of the Lorain Police Department's facilities to include any other Department or City Facility I may enter during the ride-along.
2. Assume full responsibility for any personal injury, death or any damage to my personal property while accompanying any police officer of the City of Lorain in the performance of their duties.
3. Fully and forever release and discharge the City of Lorain, its police officers, employees, agents and servants, from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my being in, on or about any such Lorain Police Department vehicle, or at any or all police department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Lorain.
4. I agree to indemnify and hold harmless the City of Lorain, its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicle, or at any or all Police Department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Lorain.

**Lorain Police Department
Release and Indemnity Agreement Continued**

5. I agree to defend and to pay any attorney's fees or associated costs as a result of any claim or action brought by or against the City of Lorain, its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicle, or at any and all Police Department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Lorain.
6. I agree that it is my intent, having read and having been fully informed of all of the above that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof and cannot be extinguished or modified after its execution and delivery to the City of Lorain.

Name (Print)

Signature

Address

Telephone Number

Dated at the City of Lorain, Ohio, this ____ day of _____, 20____, at ____ o'clock

Witness:

Name (Print)

Signature

I, Parent or legal guardian of the above mentioned juvenile, do hereby give permission to have my child participate in the Ride-Along Program with the Lorain Police Department and agree to the above mentioned conditions.

Name (Print)

Signature

Address

Telephone Number

Dated at the City of Lorain, Ohio, this ____ day of _____, 20____, at ____ o'clock

Witness:

Name (Print)

Signature