Copy Photo ID here

Anne Arundel County Police Department

Civilian Ride Along Program

Liability Release Form

I, _____PRINT NAME CLEARLY_____, execute this Release in favor of Anne Arundel County, Maryland, and its departments, officers, employees, agents, assigns and insurers (herein called "the County")

In consideration of being permitted to ride along as an observer in an on-duty police patrol vehicle with an Anne Arundel County police officer on _____, 20___, I for myself, my heirs, legal representatives and assigns, release and hold harmless the County from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of this activity. I understand that the police officer may be called upon to respond to emergency situations and that there are dangers inherent in such duties. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claim against the County arising directly or indirectly from my participation in the ride-along experience.

By signing below, I acknowledge that I have read and fully understand the terms of this Release.

_____ Witness

_____ Signature

_____ Date

NO WEAPONS ALLOWED **NO unauthorized AUDIO/VIDEO recording**

THIS FORM MUST BE COMPLETED & GIVEN TO A SHIFT SUPERVISOR BEFORE ANY RIDE ALONG MAY BEGIN

Rider Information: (PRINT)

Address: _____

_____

Phone: _____

Any health problems? __ No __ Yes*

**Explain on other side of this form*

Emergency Contact Information (PRINT)

Name: _____

Address: _____

Relationship: _____

Phone: _____