



FIRESTONE POLICE DEPARTMENT

www.ci.firestone.co.us

151 Grant Avenue, P.O. Box 100, Firestone, CO 80520

Phone 303.833.0811 Fax 303.531.6271

RIDE ALONG RELEASE

IN CONSIDERATION of permission which I have received to accompany an officer of the Firestone Police Department, in the course of his/her duty, I, the undersigned, do by these presents release the Town of Firestone, 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 to my property, or my death, arising out of, or relating to, any officer of the Firestone Police Department on duty, or incidental thereto, and for the same Town and the said persons, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions, or causes of action. While serving within the department, you may be exposed to Criminal Justice Information. Pursuant to state and federal regulations, this information is to be used only for the administration of criminal justice and not shared for any other purpose. Volunteers/Explorers/Riders are prohibited from sharing criminal justice information seen or heard within the agency with any other person. Improper disclosure of information may result in dismissal from the program, or criminal prosecution.

THE TERMS hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany a Firestone Police Officer.

I HAVE READ AND UNDERSTAND the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage, or injury to me or my property, including death, which may be sustained while, or incidental to, accompanying a Firestone Police Officer while on duty.

THIS RELEASE AND AGREEMENT SHALL BE BINDING upon by heirs, executors, administrators, personal representatives, an assigns, and shall ensure to the benefit of the said Town, officers, public officials, and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns, and successors in office.

SIGNED THIS _____ DAY OF _____, 20_____

SIGNATURE OF OBSERVER

PRINT NAME LEGABLY

DATE OF BIRTH

ADDRESS OF OBSERVER

CITY

STATE

ZIP

HOME PHONE

CHIEF OF POLICE

OFFICER

APPROVED BY: _____