

Waiver/Release of Liability (Adult)

Prescribing Directive: 10 USC 2733, 28 USC 2671-2680, AR 27-20

Authority: Title 10, USC 3012. Principle Purposes: To release the United States Government, Department of the Army, XVIII Airborne Corps, Fort Bragg, and their agents from any and all liability arising from or incident to participation in the Ride Along Program.

Mandatory or Volunteer Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in the Ride Along Program will be denied.

In consideration of the permission extended by the United States, through its agents, to participate in the Ride Along Program, I _____ (Print), agree to release and hold harmless the United States Government, Fort Bragg and the agents and employees thereof from any acts of negligence or loss resulting from or arising out of participation in the Ride Along Program.

Participation in the Ride Along Program includes but is not limited to: riding in government vehicles with law enforcement officers on patrol, using government communications equipment, assisting the law enforcement officer in traffic patrol, assisting the law enforcement officer in crime scene security, consumption of meals in the police station, being dropped off at a convenient location for pick-up by another law enforcement unit in the case of a "High-Risk" call and exposure to the unknown risks/hazards faced by law enforcement personnel due to the nature of their job.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude participation in the Ride Along Program.

I certify that I am the above named and am empowered to execute this release.

Date

Signature

Subscribed to and sworn to before me on this the _____ day of _____, 200__.

My commission expires _____ on the day of __, 200__.

Signature of notary public _____.