HARVARD POLICE DEPARTMENT

"Winning with Teamwork"

Appendix B

Waiver of Liability and Indemnification Agreement

I hereby understand that a ride along program has been established to accommodate Citizens who express an interest in the operations of the City of Harvard Police Department. I understand as a participant in the ride along program, that the City of Harvard and its elected or appointed officials, The City of Harvard Police Department, any of its Officers, employees or agents who provide this service accept no responsibility for any loss, damage or injury which I may suffer from participation in the ride along program. I also hereby authorize the Department to conduct a background check on me or my minor child and release the department from any liability associated with conducting this background check.

I understand, by signing this authorization, I hereby and forever release the City of Harvard, and its elected or appointed officials, The City of Harvard Police Department, any of its Officers, employees or agents from any and all liability, suits, claims and demands for damages at law or in equity including, but not limited to, personal injury, death or property damage, which I now have or may have hereafter on account or in any way related to participation in the ride along program. I accept participation in the ride along program under the conditions stated above and assume full responsibility for any consequences, actual or implied. In signing this authorization, I also agree to indemnify and hold harmless the City of Harvard, and its elected or appointed officials, The City of Harvard Police Department, any of its Officers, employees or agents from any and all liability, damages, suits, claims and demands for damages at law or in equity by myself, my minor child or anyone other than myself may have or may have hereafter on account of or in any way related to me or my minor child's participation in the ride along program.

Printed name of applicant:	Date:
Signature of Applicant:	Witness:
The undersigned, parents of under 18 years of age, have read and understand the Agreement and authorize my (our) child's participal Police Department.	he above Waiver of liability and Indemnification
Parents' Signature:	Date:
Address:	
Dhone Number	