

RIDE-ALONG RELEASE FORM

STATE OF NORTH CAROLINA - COUNTY OF JOHNSTON - TOWN OF SELMA

Agreement between

THE TOWN OF SELMA, NORTH CAROLINA
THE SELMA POLICE DEPARTMENT

AND **Name:** _____

Address: _____

Phone #: _____ **Driver's license #:** _____

This agreement, between the Selma Police Department, a department of the Town of Selma, North Carolina, an agency of the State of North Carolina, and

_____ is made and entered into this the _____ day of _____.

Reason for Ride-along: _____

WITNESSETH:

WHEREAS, the Selma Police Department has agreed to cooperate with the above named rider in order that he/she may ride with a member of the Selma Police Department for the reason set forth above; NOW, THEREFORE, _____ waives any claim for injury to himself/herself, for himself/herself and his/her heirs and assigns, and hereby agrees to indemnify, protect and save harmless the Selma Police Department, individual members thereof, and the Town of Selma, North Carolina, from any loss or damage arising out of his/her riding with a member of the Selma Police Department for the reasons herein above set out.

This institution is an equal opportunity provider and employer.

Signature of WITNESS

Signature of RIDER

Signature of WITNESS

Signature of PARENT/GUARDIAN if Rider is under 18