

**LEESBURG POLICE DEPARTMENT  
LEESBURG, VIRGINIA  
RIDE-ALONG PROGRAM – ADULT WAIVER**

I, the undersigned, have voluntarily asked for permission to participate in the RIDE-ALONG PROGRAM as an observer in a Leesburg Police Department vehicle at a time when said vehicle is operated and manned by a member of the Leesburg Police Department, and have further requested permission to accompany members of said Department during the active performance of their duties;

I acknowledge that the work and the activities of said Department are extremely and inherently dangerous, involving possible risk of personal injury or death, and damage or destruction to property, and that during the ride-along I may be exposed to such situations and may be required to act or refrain from acting in ways that could cause injury to me or loss of property;

Therefore, as consideration for the opportunity to participate, I agree as follows:

1. I freely and expressly ASSUME AND ACCEPT THE RISK of and RESPONSIBILITY for any and all injury (which includes death) to me, and loss, damage or destruction to any of my property, that I may suffer during or arising out of the ride-along, or any events relating thereto. This assumption of risk applies regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage or destruction caused by the Leesburg Police Department, their officers, employees, and agents, even if it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities.
2. I RELEASE, AND FOREVER DISCHARGE the Town of Leesburg and the Leesburg Police Department, their officers, officials, employees, and agents, or the driver or owner of any vehicle owned or operated by, or in the service of the Town of Leesburg and the Leesburg Police Department, from any and all liability, claims, suits, costs, and attorney fees for any and all injury (which includes death), and loss, damage or destruction to any of my property, that I may suffer during or arising out of the ride-along or any events related thereto. This release and discharge applies regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage or destruction caused by the Leesburg Police Department, their officers, officials, employees, and agents or the property or equipment of such persons or entities, and regardless of whether it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities.
3. I agree that if a lawsuit or claim for damages is brought against the Town of Leesburg or the Leesburg Police Department, their officers, officials, employees, and agents, or the driver or owner of any vehicle owned or operated by, or in the service of the Town of Leesburg and the Leesburg Police Department, on account of injuries to me or damage to my property, I will INDEMNIFY, DEFEND AND HOLD THEM HARMLESS from all such damages and costs of suit, including attorney fees.
4. **I have read this agreement and understand all of its terms and conditions. By signing below I am agreeing to be bound by all of those terms and conditions.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Rider's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*For Police Department Use Only:*

Date of Ride: \_\_\_\_\_ Police Dept. Approval/Witness: \_\_\_\_\_