

NEW SMYRNA BEACH POLICE DEPARTMENT

WAIVER OF RIGHT TO SUE AND COVENANT TO DEFEND, PROTECT, AND SAVE HARMLESS

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING

I, _____, the undersigned, hereby certify that I am 18 years of age or older and request permission to accompany a police officer of the City of New Smyrna Beach, Florida, in the conduct of police duties during all or a part of the period of twelve (12) hours, commencing with the execution of this waiver. In consideration of being allowed to accompany a police officer in a police patrol vehicle, I agree to faithfully comply with each of the following terms and conditions relating to such activity;

1. I understand that all assignments to officer, zone, time of day, day of week, and vehicle shall be in the sole and indisputable discretion of the Chief of Police (or his designee), and that my sole remedy of such assignment, shall be to decline this request.
2. During the time I am accompanying an officer, I shall follow and comply with all orders and instructions of that officer whatsoever.
3. At no time shall I carry or have in my possession any weapon of any neither sort; nor shall I have any illicit substances or non-prescribed medication on or about my person.
4. I shall not report to the assigned place and time under the influence of any intoxicant or narcotic. I shall not be under the influence of any prescribed medication, which will affect my motor or mental abilities. I understand the Chief of Police shall have the sole discretion to permit my request, if my medical condition requires the use of medication. It shall be my responsibility to provide any documentation from a medical physician deemed necessary by the Chief.
5. I shall report to the assigned place and time in presentable condition; neatly groomed and dressed in clean attire, in good repair and appropriate to the circumstances. The Chief of Police (or his designee) shall have full authority to require me to revise or improve my appearance as a condition of accompanying an officer.
6. I understand that the dress code is business casual: a collared shirt (no imprints), dress pants or khaki pants (no denim jeans), covered shoes (no sandals).
7. I hereby understand and authorize the release of any and all my personal records to include, but not limited to Driver's License and Criminal History. (Provide a copy of valid Driver's License.)

I hereby acknowledge that I am aware that certain police actions are by their nature inherently hazardous; that the necessity may arise for the officer to whom I am assigned to take such action(s) while I am accompanying him or her; that such action(s) may expose me to such hazards; and that such exposure could result in my death or in injuries to me. In spite of such knowledge and awareness, I HEREBY FREELY AND VOLUNTARILY WAIVE, ABANDON AND SURRENDER all rights to make or enforce any claim, of any kind, which might arise out of or in connection with my accompanying any police officer as herein described. In particular, I waive, abandon, and surrender

the right to bring suit, in any court of the State of Florida, or the United States, and against the City of New Smyrna Beach, Florida, and/or any and all officers of the New Smyrna Beach Police Department. I HEREBY COVENANT WITH THE CITY OF NEW SMYRNA BEACH, FLORIDA AND EACH AND ALL OFFICERS OF THE POLICE DEPARTMENT THEREOF, THAT I WILL DEFEND, PRESERVE, AND SAVE HARMLESS THEM, AND EACH OF THEM, from any claim, by any person, arising out of or in connection with my accompanying any police officer as herein described.

****NOTE: IF REQUESTING PARTY IS UNDER THE AGE OF 18, MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN.**

(To be signed in presence of Notary)
SIGNATURE OF REQUESTING PARTY
X

PRINT FULL NAME and DATE OF BIRTH

NAME OF MINOR PARTICIPATING

MINOR'S DATE OF BIRTH

HOME ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER

EMERGENCY CONTACT PHONE NUMBER

Relationship

SUBSCRIBED AND SWORN TO BEFORE
ME THIS ____ DAY OF
, 20__ AT NEW
SMYRNA BEACH, VOLUSIA COUNTY,
FLORIDA.

PERSONALLY KNOWN _____ OR
PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED:

(Prefer FL Drivers License)

NOTARY PUBLIC OR LAW ENFORCEMENT
OFFICER (Per FSS 117.10)

DATE & TIME REQUESTING TO RIDE
(ONE WEEK NOTICE REQUIRED)

QUALIFYING REASON FOR REQUEST (Please check applicable area.):

Current law enforcement student:
Current law enforcement officer:
Current police applicant:
Criminal justice instructor:
Current explorer:

Clergy:
City official:
Immediate family:
Name of Officer: _____
Exception: Reason: _____

APPROVAL: _____
Platoon Supervisor

Date

Chief of Police (or designee)

Date