**MARYLAND NATURAL RESOURCES POLICE**

**RIDE-ALONG LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT**

**NOTICE TO RIDE-ALONG APPLICANT:** This application must be typed. Handwritten applications will not be accepted. Persons under 18 years of age must obtain parental approval prior to participating in the ride-along. This application may be denied for any reason, and the terms of the ride-along can change at any time. A new ride-along form must be submitted for each ride-along.

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| **Ride-Along Applicant Information** |
| First | Middle | Last | Suffix |
|  |  |  |  |
| DOB | Race | Gender | Street Address | City | State | Zip |
|  |  |  |  |  |  |  |
| Phone # | Driver’s License Number | DL State | Full Name of Emergency Contact | Emergency Contact Phone # |
|  |  |  |  |  |

IN CONSIDERATION for being permitted to ride as a guest and voluntary observer in a police vehicle/vessel/aircraft of the Natural Resources Police, the undersigned, for the undersigned, the undersigned's executors, administrator, heirs, assigns and next of kin (the "Releasors"), acknowledges:

1. **Acknowledgment of Risks.** Riding as a voluntary observer in a police vehicle/vessel/aircraft entails both known and unanticipated risks of serious injury and/or death and/or property damage. The general level of maintenance of the police vehicle/vessel/aircraft and any hidden, latent or obvious defects thereto, can, by its own accord or in conjunction with other factors, increase or decrease these risks. NO WARRANTIES ARE MADE OR HAVE BEEN GIVEN, and the Releasor expressly acknowledges that none are given, with respect to the general maintenance of the police vehicle/vessel/aircraft.
2. **Assumption of Risks.** The Releasor expressly, specifically and voluntarily ASSUMES ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS of death, injury or property damage that may be sustained by the Releasor or third parties while riding as a voluntary observer in a police vehicle/vessel/aircraft, including risk attributable entirely or in part to the passive or active negligence by the State of Maryland, Department of Natural Resources, its successors and assigns, departments, divisions, units, officials, officers, agents, servants, representatives, employees and independent contractors (the "Releasees"), or the hidden, latent or obvious defects of the police vehicle/vessel/aircraft.
3. **Release of Liability.** The Releasor HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Releasees FROM AND FOR ALL LIABILITY TO THE RELEASORS OR THIRD PARTIES FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR, ON ACCOUNT OF ANY INJURY TO THE PERSON OR PROPERTY OF THE UNDERSIGNED OR THIRD PARTIES incurred or arising out of any event or action participated in by the undersigned while the undersigned is riding in a police vehicle/vessel/aircraft, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. **Indemnification.** The Releasor HEREBY AGREES AND COVENANTS TO INDEMNIFY, SAVE AND HOLD HARMLESS the Releasees from any loss, liability, damages or cost that Releasees or third parties may incur arising out of or related to any events or actions referenced above.

5. **Intent to be Bound.** This Liability Release and Indemnification Agreement (the "Release") contains the entire agreement between the parties hereto and the terms of this agreement are contractual and not mere recital. The Releasor intends to be bound by this Release.

The undersigned further states that he or she HAS CAREFULLY READ THE FOREGOING RELEASE AND KNOWS AND UNDERSTANDS THE CONTENTS THEREOF, THAT THE SAME HAS BEEN EXPLAINED TO THE UNDERSIGNED, AND THAT THE UNDERSIGNED HAS NOT BEEN UNDULY PRESSURED TO SIGN THIS RELEASE AND DOES SO OF HIS OR HER OWN FREE WILL.

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|  |  |  |
| Printed Name *(Rider)* | Printed Name *(Parental Approval if rider is under 18)* |
|  |  |
| Signature *(Rider)* | Signature *(Parental Approval if river is under 18)* |
|  |  |
| Date Signed | Date Signed |

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| **NATURAL RESOURCES POLICE USE ONLY** |
| I certify that a criminal history check has been conducted and: \_\_\_\_\_\_ This person is authorized to participate in a ride-along \_\_\_\_\_\_This person is prohibited from participating in a ride-along | If prohibited, explain: |
|  |
| **Reviewing Supervisor Information** |
| Printed Name | Signature | ID | Date |
|  |  |  |  |
| Date & time of ride-along | with which officer? | Recommend future ride-alongs? |
|  |  |  | Yes |  | No\* |
| Comments (\*required if not recommended for future ride-alongs) |
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