



Ozaukee County Sheriff's Office

Jim Johnson, Sheriff

1201 S Spring St • PO Box 245

Port Washington, WI 53074-0245

262-284-7172 (Local) • 262-284-8490 (Fax)

www.co.ozaukee.wi.us/sheriff



RELEASE FOR FUTURE ACCIDENTAL INJURY, DEATH OR PROPERTY DAMAGE

I AGREE that in consideration of being allowed to participate in the Ozaukee County Sheriff's Office Ride-Along Program, and I release Ozaukee County from liability as follows:

I, (Full Name): _____, date of birth: _____ wish to participate in the Ozaukee County Sheriff's Office Ride-Along Program. I understand that this program is offered by the Ozaukee County Sheriff's Office as a means to gain further understanding of the operations of the Sheriff's Office. The program also provides opportunity to witness the interaction between the Sheriff's Office and the citizens of Ozaukee County. I also understand that participating in that program does carry some risk to myself.

I have read and understand the Ozaukee County Ride-Along rules and procedures prepared by the Ozaukee County Sheriff's Office. I agree to comply with these policies. I understand this program has some potential danger. I agree that neither the Ozaukee County Sheriff's Office, Ozaukee County, nor any employees or agents of Ozaukee County shall be held liable in any way for any occurrence in connection with my participation in this Ozaukee County Ride-Along Program which may result in any injury, death, property damage or other damage to myself.

In consideration of being allowed to participate in the Ozaukee County Ride-Along Program, I hereby personally assume all risks in connection with this program, and further release the Ozaukee County Sheriff's Office, Ozaukee County, its agents and employees for any injury or damage which may occur to myself while I am participating in the Ozaukee County Ride-Along Program, including all risks connected with that program, whether foreseen or unforeseen; and I further agree to save and hold harmless the Ozaukee County Sheriff's Office, and Ozaukee County, its employees, officers and agents from any claim by myself or my family, estate, heirs or assigns arising out of my participation in this Ozaukee County Ride-Along Program.

I further state that I am of lawful age to sign this release, or if under the age of eighteen (18), have had this form signed by my parent or legal guardian. I understand the contents of this release and have read it before signing.

WITNESS WHEREOF, this _____ day of _____, 20_____.

Signature of Ozaukee County Ride-Along Program Participant

If under the age of 18, Signature of parent or legal guardian

Contact Information:

Address: _____

City State Zip _____

Phone: _____ E-Mail: _____