

RIDE-ALONG APPLICATION

WAIVER OF LIABILITY

That I, the undersigned _____, a private person, for and in consideration of the privilege of riding as a guest and voluntary observer in a Sixth Judicial District Department of Correctional Services (6th DCS) vehicle of the State of Iowa, and recognizing that routine activity involves certain inherent dangers, do hereby agree to assume the risks attendant to such activity, to include motor vehicle accidents on either public streets or private property, and do hereby release the State of Iowa, its DCS agents and employees, in both their public and private capacities, from any and all claims, liability, suits, demands, or causes of action which may arise from riding as a voluntary observer.

Signed, this the _____ day of _____, 20_____.

Signature _____

Address _____

Date of Ride-along _____

Reason for Ride-along _____

Witness _____

Officer Assigned _____

Authorized Supervisor _____

For Public Information Only