

ADULT RELEASE AFFIDAVIT
For Community Emergency Response Team Participation

STATE OF TEXAS
COUNTY OF TARRANT

I, _____, attest that I was born on the _____ day of _____, 19____, do hereby request to participate in a ride-along program with officers and firefighters of the Southlake Department of Public Safety in Southlake, Texas. I understand that I will be riding with officers and firefighters in marked patrol vehicles as they conduct patrol activities and in emergency fire vehicles as they respond to emergencies, take enforcement actions, and answer calls for service. While riding with officers and firefighters, I understand that I will be under their direction and supervision and agree to obey any and all directions given by them and/or their supervisors.

I understand and request participation in this ride-along with the full knowledge and understanding of the inherent dangers of police and fire suppression work in general and vehicle operation specifically, including but not limited to motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, fire ground dangers and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects me in any manner whatsoever.

I HEREBY AGREE TO ASSUME ANY AND ALL RISKS ATTENDANT TO SUCH ACTIVITIES WHETHER OCCURRING ON PUBLIC OR PRIVATE PROPERTY, WHICH MIGHT AFFECT ME IN ANY MANNER WHATSOEVER, AND HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF SOUTHLAKE, ITS DEPARTMENT OF PUBLIC SAFETY, OFFICERS, FIREFIGHTERS, AGENTS AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY DANGER, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION I MAY HAVE WHICH MAY ARISE IN ANY MANNER WHATSOEVER FROM SUCH ACTIVITIES, INCLUDING DAMAGES, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTON WHICH ARISE FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE CITY OF SOUTHLAKE, ITS DEPARTMENT OF PUBLIC SAFETY, OFFICERS, AGENTS OR EMPLOYEES.

I agree that execution of this release shall not constitute a waiver by the City of Southlake, its officers, agents, or employees of the defense of governmental immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this release and waiver voluntarily, and that I have not relied upon any representations made by the City of Southlake, or its officers, agents, or employees in signing this release.

SIGNATURE: _____ DATE: _____

Before me _____ on this day personally appeared _____ known to me (or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____,

A.D. _____.

(SEAL)

Notary Public in and for the
State of Texas

My Commission Expires:

Type or Print Notary's Name