

Park Ridge Police Department Internship Program

Liability Waiver and Release Agreement

I understand that the Internship Program typically involves riding in agency vehicles and participating in police activities. I realize that such activity involves risk of personal injury or property damage. In consideration of being permitted to participate in the Park Ridge Police Department Internship Program, I, for myself and personal representatives, assigns, heirs and next of kin, fully and forever release, waive, and discharge the City of Park Ridge, its Police Department, its officials, officers, agents and employees from liability to myself, my personal representative, assigns, heirs and next of kin for all claims, causes of action, damages, liabilities, and costs, including but not limited to personal injury, including death, and property damage, whether caused by the negligence of the City of Park Ridge, its Police Department, its officials, officers, agents or employees arising out of, connected with, or in any way associated with my participation in the Park Ridge Police Department Internship Program.

I agree to indemnify, hold harmless and defend the City of Park Ridge, its Police Department, its officials, officers, agents and employees from any and all claims resulting from injuries, including death, damages and losses arising out of, connected with or in any way associated with my participation in the Park Ridge Police Department Internship Program whether caused by the negligence of the City of Park Ridge, its Police Department, its officers, officials, agents, or employees, or otherwise. I hereby assume full responsibility for and risk of bodily injury, death or property damage or otherwise while in the Internship Program. I agree that this Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois.

I further release all employees, officials, officers and agents of the City of Park Ridge from any claim whatsoever on account of first aid, treatment or service rendered me as a result of my participation in the Internship Program.

I certify that I am at least 18 years of age and agree to allow the Park Ridge Police Department to conduct a background check prior to participating in the Internship Program.

This Release contains the entire agreement between the parties and the Agreement and the terms of this Release are contractual and not a mere recital. I further state that I have carefully read and fully understand and agree to the stated conditions of participation. I am aware that this is an agreement to assume all risks and to release the City of Park Ridge, its Police Department, its officials, officers, agents and employees from all liability related to my voluntary participation in the Internship Program, and sign this Agreement of my own free will.

Print Name: _____

Signature: _____ **Date:** _____