

Town of Springfield Police Department

MARILYN McCORMICK
MAYOR

TERRY LOGAN
CHIEF OF POLICE

RELEASE OF LIABILITY AND AGREEMENT

I, THE UNDERSIGNED;

IN CONSIDERATION OF BEING PERMITTED TO RIDE IN A MOTOR VEHICLE OF THE TOWN OF SPRINGFIELD, I HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE TOWN OF SPRINGFIELD, ITS EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY FOR ANY DAMAGE, INJURY, ILLNESS OR DISEASE I MAY RECEIVE OR CONTRACT WHILE ACCOMPANYING A TOWN OF SPRINGFIELD POLICE OFFICER, FROM ANY CAUSE WHATSOEVER.

THIS RELEASE OF LIABILITY AND AGREEMENT GIVEN BY ME TO THE TOWN OF SPRINGFIELD, ITS EMPLOYEES AND AGENTS SHALL APPLY TO ANY RIGHTS OF ACTION THAT MIGHT ACCRUE TO MYSELF, HEIRS AND MY PERSONAL REPRESENTATIVE. FURTHER, I AGREE TO ASSUME ALL RISK RIDING IN A TOWN OF SPRINGFIELD POLICE DEPARTMENT VEHICLE AND IN ACCOMPANYING ITS OFFICERS AND AM FULLY AWARE PERSONAL DANGER MAY BE INVOLVED. FURTHERMORE, I KNOW AND UNDERSTAND I FACE POSSIBLE EXPOSURE TO CERTAIN DISEASES, INCLUDING, BUT NOT LIMITED TO, HEPATITIS B VIRUS, HUMAN IMMUNODEFICIENCY VIRUS (HIV), AND TUBERCULOSIS. MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENTS AND AGREE TO ITS TERMS AND CONDITIONS;

I HAVE BEEN VACCINATED FOR THE HEPATITIS B VIRUS YES NO

SIGNATURE OF APPLICANT

PERSONALLY APPEARED BEFORE ME THE SIGNED, WHO SAYS THAT HE/SHE HAS EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD WITH FULL KNOWLEDGE OF THE PURPOSE THEREOF,

DATE

SOUTH CAROLINA NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

REASON FOR
REQUEST TO RIDE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SSN: _____

OCCUPATION: _____

PREFERRED DOCTOR: _____

DOCTORS PHONE: _____

PREFERRED HOSP: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

CHIEF OF POLICE FINAL DECISION: APPROVED DISAPPROVED

CHIEF OF POLICE

DATE