

HOLMES BEACH POLICE
5801 MARINA DR., HOLMES BEACH, FL 34217
(941) 708-5807

Covenant not to Sue for Injuries-Ride-Along-Program

RELEASE AND IDEMNITY AGREEMENT FOR ACTIVITIES

BEGINNING _____, AND ENDING _____ KNOWN ALL MEN BY THESE PRESENT that I, _____ of _____ am aware that there is an inherent danger in accompanying and riding with a law enforcement officer in a Holmes Beach Police Department vehicle or boat and I further realize and appreciate the possibility of injury as a result of such danger. Furthermore, because I voluntarily decide to ride in such a vehicle; I actually consent to confront certain dangers concomitant with the dangers encountered by the law enforcement officer operating any of the above mentioned vehicles, and arising out of the operation of such vehicle. As a result, I waive my right to be free from the possibility of injuries as I voluntarily and deliberately expose myself to the danger of being injured while riding in such an emergency vehicle.

Further, for myself, my family, heirs, executors, administrators, successors, and assigns, for and in consideration of riding in a Holmes Beach Police Department vehicle or boat agree to forever hold harmless and refrain from instituting or procuring any claim against Chief William L. Tokajer or the City of Holmes Beach, or any of his agents or City employees, or the cities insurance company for any damages, injuries, cost or expense to both person or property, arising out of or in any way connected with my accompanying a Holmes Beach Police Officer or riding in a Holmes Beach vehicle or boat.

Rider signature: _____ DOB: _____

Rider Printed Name: _____ DL # / State: _____

Address: _____ Phone: _____

Sworn to and subscribed before the undersigned authority on this _____ day of _____, 20____. My commission expires _____.

Notary

Approved _____ Disapproved _____

Signature of Approver, Rank & Title

Signed and sealed this _____ day of _____ 20____.

NOTE: PERMISSION TO RIDE MAY BE WITHDRAWN AT ANY TIME BY THE CHIEF OF POLICE OR HIS/HER DISIGNEE.

Holmes Beach Police
5801 Marina Drive Holmes Beach, FL 34217
(941) 708-5807 info@holmesbeach.org

Authorization for Background Check

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
REQUESTOR'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Holmes Beach Police ADDRESS: 5801 Marina Drive Holmes Beach, FL 34217 (941) 708-5804

Having made request to participate in the Holmes Beach Police Department's Ride-Along Program, I authorize release of any criminal justice records, arrests, citations, detentions, probations and parole records, or any police reports in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: Holmes Beach Police ADDRESS: 5801 Marina Drive Holmes Beach, FL 34217 (941) 708-5804

Requestor's Signature: _____ Date: _____

Requestor's Address: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature

Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ . Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.