



## WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity of observing Police operations and functions of the Johnstown Police Department by riding in a vehicle operated by members of the Johnstown Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognized and assumes any and all risk pertaining thereto, and releases the City of Johnstown, its Officials, Officers, and all personnel of the City of Johnstown from any and all liability whatsoever for any injuries, damages, and claims, the undersigned, his/her heirs, dependents and assigns may sustain in and about any police vehicles or in any other way during the course of observation and studies by the undersigned of the operations and functions of the Johnstown Police Department.

In WITNESS WHEREOF, and intending to be legally bound thereby, the undersigned

Affixes his/her hand at Johnstown, Ohio this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**NOTE: YOU MUST BE 18 YEARS OF AGE**

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

.....  
*To be completed by police personnel only*

Record checked by \_\_\_\_\_ Supervisor \_\_\_\_\_  
(Attach LEADS print out)

Approved by \_\_\_\_\_

Canceled by \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_