



Cape May County Sheriff's Office · Explorer Post #1692
9 North Main Street · Cape May Court House N.J., 08210
Phone: (609) 465-6831 · Fax: (609) 463-0478



Agreement Summary:

The undersigned, parent/guardian of

(Explorer name) _____, a participant of the Cape May County Sheriff's Explorer Post #1692, hereby indemnifies and hold harmless the Cape May County Sheriff's Office, its agencies and employees, specifically including any and all Sheriff's Officers or personnel involved with the supervision and control of the Cape May County Sheriff's Explorers Post #1692, and the County of Cape May, its elected and appointed officers, directors, agents, servants and employees from claims of any kind whatsoever or of any nature for injury to the person or damage to the property of (Explorer name) _____, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Cape May, the Cape May County Sheriff's Office, their servants, agents, or employees and particularly the Sheriff's Officers engaged in the supervision and control as set forth herein above.

Explorer Name: _____ Age: _____
 (Please print)

Parent/Guardian Name: _____ (required)
 (Please print)

Member signature: _____
 (parent/guardian if explorer in not 18 years of age or older)



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Agreement:

Whereas the undersigned not being a member employee or agent of the Cape May County Sheriff's Office or the County of Cape May, New Jersey, has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Cape May County Sheriff's Office and has further requested permission to accompany a member or members of said law enforcement agency during the active performance of their official duties as Sheriff Officers.

Now, therefore, in consideration of the County of Cape May, a body corporate and politic of the State of New Jersey, by and through its Sheriff's Office, making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the County of Cape May, the Cape May County Sheriff's Office, their officers, employees and agents, which may occur during my participation in the RIDE-ALONG. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the County, the Sheriff's Office, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage, and liability caused by the negligence of the County, its agents, officers and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the County, its officers, agents and employees from and against any and all claims, loss damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Cape May County Sheriff vehicle or while accompanying a member of said department during the active performance of his or her official duties as a Sheriff's Officer.

Note: Persons riding with officers of the Cape May County Sheriff's Office may be exposed to subjects that are intoxicated, angry, depressed, hurt, under the influence of narcotics, nude, victim of violence, victims of accidents, or other situations not commonly seen day to day. Riders and Parents of Juvenile riders should use discretion.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.



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ACKNOWLEDGMENT LETTER

ON THIS _____ DAY OF _____, 20____ I HAVE READ THE CAPE MAY COUNTY SHERIFF'S OFFICE S.O.P. 1505 OF THE CAPE MAY COUNTY SHERIFF'S LAW ENFORCEMENT EXPLORER POST #1692. I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH S.O.P. 1505 AND HAVE BEEN GIVEN THE OPPURTUNITY TO ASK QUESTIONS REGARDING ITS CONTENTS. I ALSO ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF S.O.P. 1505.

		//___
EXPLORER SIGNATURE	EXPLORER PRINTED NAME	DATE

		//___
PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN PRINTED NAME	DATE