



City of Victoria Request and Waiver for Ride-Along

Name: _____ Date: _____
Surname Given M/D/Y

Address: _____
(Residence) City/Province Postal Code

Reason for Ride-Along request:

Waiver and Release:

In consideration of being allowed by the City of Victoria to ride as a passenger in a City-owned vehicle, I, _____, do hereby:

- a) waive, discharge and release the Corporation of the City of Victoria and its elected officials, appointed officers, agents, employees, contractors, successors and assigns (collectively, the "Releasees"), of and from all claims, causes of action, liabilities and demands whatsoever arising from or related to any personal injury (including death), property damage, or other damage or loss, which I may sustain or suffer arising out of or connected with my participation in a City of Victoria ride-along notwithstanding that such injury, damage or loss may have been caused wholly or partly by the negligence of the Releasees;
- b) agree to indemnify and save harmless the Corporation of the City of Victoria and its elected officials, appointed officers, agents, employees, contractors, successors and assigns, from and against all claims, cause of action, liabilities, demands, costs and expenses whatsoever arising from any personal injury (including death), property damage or other damage or loss arising from or in connection with my acts or omissions during my participation in the ride-along in a City of Victoria vehicle;
- c) understand that while I am participating in the ride-along in a City of Victoria vehicle, that I am under the direction of a City of Victoria staff member at all times and agree to obey their direction;
- d) understand and voluntarily accept all risks involved in the ride-along including personal injury (including death) and property damage and loss;
- e) understand that none of the Releasees assume any responsibility whatsoever for my safety during my participation in the ride-along;
- f) agree that this waiver and release is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Signature of Applicant: _____ Date: _____

Legal Guardian: _____ Date: _____
Must be signed if Applicant is a minor

Person to contact locally in case of emergency:

Name: _____ Telephone Number: _____

DO NOT WRITE IN THIS AREA

1. Permission has been granted for the above-named person to accompany a City of Victoria staff member for a ride-along in a City-owned vehicle.

City of Victoria Staff Member

2. Applicant confirmed. Department Director notified.