PD-038 (05/2017)
MICHIGAN STATE POLICE
Field Services Division

**WAIVER OF LIABILITY**

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| This form shall be completed by all ride-alongs, student interns, members of the media, and other persons who have requested and received approval to ride along with a department member. Completion is required prior to being transported in any aircraft, watercraft, or vehicle. |
| By signing below, I affirm that I understand that by accompanying members of the Department of State Police, there is a high probability that I will be exposed to the hazardous situations inherent in police work. This includes, but is not limited to, high-speed vehicle operation, traffic crashes, arrests, assaultive crimes, and contacts with violent and/or unstable persons. I have requested to ride with members of the Department of State Police with the full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.Acknowledging these foreseeable dangers, I hereby release the State of Michigan, Department of State Police, and its employees or agents from all liability for any injuries received while participating in any Department of State Police function. Furthermore:* I understand that I am expected to carry my own insurance policy, including complete medical coverage.
* I agree to wear a passenger restraint in any department aircraft or vehicle, or a personal flotation device in any department watercraft.
* I agree to wear bullet-resistant body armor when riding with a uniformed or plain clothes investigative department member.
* I agree not to disclose any confidential information to outside persons or agencies without work site commander approval.
* If I am a member of the media, I also agree to the following parameters:
1. The faces or names of suspects cannot be used until their arraignment.
2. Street names and home addresses cannot be used.
3. Reporters or camera people cannot enter homes or private property.
4. Reporters or camera people cannot interview suspects who are arrested.
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| Signature of Requestor | Date      |
| Requestor’s Name (Last, First, MI)      | Date of Birth      |
| Street Address      | City      | State      | Zip Code      |
| Emergency Contact Name      | Contact Telephone Number      | Relationship      |
| Signature of Parent/Guardian, if requestor is under 16 years of age | Date      |
| Signature of Department Representative | Date      |

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| To be retained for three years from date of signature in the work site file and then destroyed. |  | AUTHORITY: 1935 PA 59 COMPLIANCE: Voluntary (but completion is required before you will be transported). |