



Town of Pembroke Park Police Department

3150 SW 52nd Avenue, Pembroke Park, Florida 33023
Telephone: 754-232-1613 / Fax: 954-985-2172 / www.tppfl.gov



RIDE ALONG PROGRAM INDEMNITY AGREEMENT

This Indemnification and hold Harmless Agreement (“Agreement”) is entered into this ____ day of _____, 202__ by and between the Town of Pembroke Park Florida, a Florida municipal corporation, and _____ (Name of Participant).

I, _____, residing at _____, within the City/Town of _____, County of _____ State of _____, hereby agree to indemnify, release, hold harmless, and waive any and all claims against the Town of Pembroke Park; its affiliates; elected or appointed officers or officials; attorneys; agents; contractors; employees, in their respective official and individual capacities; volunteers; and/or other ride along participants (collectively referred to as “the Town”) for any and all loss, damage, disability, illness, or injury of any kind that I may suffer or sustain to person or property during my participation in the Town of Pembroke Park Ride Along Program.

I recognize and acknowledge there is always a possible risk of loss, damage, illness, and/or physical injury and I agree to assume the full risk (including death; dismemberment; or temporary or permanent disability) that may be sustained or associated with participation in the Town of Pembroke Park Ride Along Program.

I agree for myself, my spouse, my child, or children, and on behalf of my/our heirs, successors in interest, legal representatives, beneficiaries, assigns, personal representatives and next of kin, that I hereby indemnify, release, and hold harmless the Town, as set forth above. With regard to indemnification, I specifically agree to indemnify and defend the Town of Pembroke Park from and against any and all loss, claims, or suits (including costs and attorneys' fees) for or on account of illness, injury to, or death of persons and damage to or destruction of property belonging to either the Town of Pembroke Park or others, occurring by reason of any act or neglect by myself while participating in the Town of Pembroke Park Ride Along program.

I acknowledge and understand that the dissemination of any information, written or verbal, I may see or hear during my participation in the Ride-Along program is a violation of State and Federal laws.

THE UNDERSIGNED HAS READ THE FOREGOING INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTANDS IT.

Ride Along Applicant Name

Ride Along Applicant Signature

Date



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STATE OF FLORIDA

COUNTY OF _____

The foregoing information was sworn to and subscribed before me this ____ day of _____, 202__ by _____, who is personally known to me or has produced _____ as identification and did take an oath.

Notary Public, State of Florida

My Commission Expires:

Commission No. _____

Police Department Designee Name

Police Department Designee Signature

Date