



August 1, 2017

National Night Out

"Police And Community Together"

National Night Out Harbor Tour Waiver

I, _____ wish to participate in the National Night Out Harbor Tour. I understand that the National Night Out Harbor Tour is reserved solely for the participants of the New Rochelle Police Department's National Night Out Program.

I understand that I will ride with New Rochelle Police Harbor Officers, during the performance of their duties. I understand that participation in the National Night Out Harbor Tour may expose me and/or my property to risks, encountered by the New Rochelle Police Harbor Officers.

I agree to follow all rules of the National Night Out Harbor Tour. I will fully comply with the instructions given to me for the purposes of protecting my personal safety and that of my property.

I hereby absolve and release the New Rochelle Police Department and the City of New Rochelle, as well as any present or former employees, officials, officers or agents of the City from any and all liability, claims, rights, or actions arising from any injuries, which may occur to me as a result of my participation in the National Night Out Harbor Tour. I enter this program assuming all risk of injury to my person or property arising from this program. In this regard, I assume and agree to pay all medical costs or property damage costs occasioned thereby.

I further agree to indemnify, defend, and hold harmless the City of New Rochelle from and against any and all claims, demands, suits, actions, judgments or decrees of any kind or nature by or in favor of anyone whomsoever and from and against any and all costs and expenses, including attorneys' fees, resulting from or in connection with loss of life, bodily or personal injury, or property damage arising, directly or indirectly, out of, or from, or in connection with any occurrence occasioned by my participation in this program.

I state that I have fully read and understood the terms and conditions of this waiver. I acknowledge that I have entered into this agreement freely and of my own accord.

In witness thereof:

Signature of Participant
Parent/Guardian

Signature of
(If under 18 years old)

Date

Print Name: _____

Phone Number: _____

Email Address: _____

Scheduled Date and Time of Tour: _____
Revised 06/2016