



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Department of Public Safety
Caller Box 10007 Susupe, Saipan, MP 96950



Santiago Tudela
Commissioner, DPS

Benigno R. Fitial
Governor

Timothy P. Villagomez
Lieutenant Governor

RIDE ALONG PROGRAM

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Emergency (24 hrs.) 911

DPS Main Switchboard
(670) 664-9000

Office of the
Commissioner
Tel : 664-9022
Fax: 664-9027

Police Division
Tel : 664-9001/2

Fire Division
Tel : 664-9003/4
Fax: 664-9009

Bureau of Motor Vehicle
Tel : 664-9066
Fax: 664-9067

Training and Development
Tel : 664-9094
Fax: 664-9096

Administrative Support
Tel : 664-9000
Fax: 664-9019

Criminal Investigation
Tel : 664-9042
Fax: 664-9051

Traffic Investigation
Tel : 664-9084
Fax: 664-9086

Office of Special Services
Tel : 664-9120
Fax: 664-9141

Rota DPS
Tel : (670) 532-9433
Fax: (670) 532-9434

Tinian DPS
Tel : (670) 433-9222
Fax: (670) 433-9259

Whereas, I, _____, being over the age of eighteen or having parental/guardian consent and not being a member of the Department of Public Safety, Commonwealth of the Northern Mariana Islands, have made a voluntary request to ride as a guest in a vehicle or vessel assigned to the Department of Public Safety and to accompany a member or members of the _____ (Division) during the performance of their official duties in or outside departmental facilities; and

Whereas, the Department of Public Safety of the Commonwealth of the Northern Mariana Islands is willing to allow me to ride as a guest in or on a vehicle or vessel assigned to that Division and to accompany a member or members of that Division during the performance of their duties in or outside departmental facilities on the conditions stated herein:

- 1. That I am aware that the work of the Department of Public Safety is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying a member or members of the department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, property damage or other risk which I may encounter connected with the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire explosion, gas, electrocution, the escape of radioactive substances, drowning or any other cause whatsoever while accompanying a member or members of the Department of Public Safety during the performance of their official duties.
2. That the Government of the Commonwealth of the Northern Mariana Islands, their sureties, the Department of Public Safety, Department of Public Safety personnel, individual officials, individual officers, or other Department of Public Safety personnel who give recommendations, directions, or instructions or engage in evaluation of risk evaluation or loss control activities regarding Ride-Along Programs, for the purpose herein referred to as "Releasees," shall not be responsible or liable for any injury, damage, loss or expense whatsoever whether to me or my property, incurred while riding in or on any vehicle or vessel assigned to the Department of Public Safety or while accompanying any member or members of the said Department during the performance of their official duties in or outside departmental facilities and resulting from any act or omission negligent or otherwise on the part of any member of the said Division, Department of Public Safety.

3. That I myself, my heirs, executors, administrators and assigns will defend and indemnify the Releasees against any and all manner of actions, causes of action, suits, debts, claims, demands, damages, liability or expense of every kind and nature incurred or arising by reasons of any actual or claimed negligent or wrongful act or omissions of mine while riding in or on any vehicle or vessel assigned to the Department of Public Safety, or while accompanying any member or members of the said Department during the performance of their duties in or outside departmental facilities.

4. The period covered in this agreement will be from _____ to _____ between the hours of _____ and _____.

I hereby represent that I have carefully read and understood the contents of this document and signed the same of my free will.

Signature

Date

Signature of Parent or Guardian
(If applicant is less than 18 years of age)

Date

Name of Witness (Please Print)

Signature of Witness

Date