

CROW WING COUNTY SHERIFF'S OFFICE

Office of Scott Goddard, Sheriff



304 Laurel Street
Brainerd, MN 56401
p: 218.829.4749
Fax: 218.829.9459
crowwing.us

WAIVER OF CLAIM

NAME: _____ TELEPHONE: _____

ADDRESS: _____

EMPLOYER: _____

BE IT KNOWN, that I, _____, on _____
Name Date

being of lawful age, or with parental or guardian approval, and of sound mind for myself and my heirs, administrators, executors, and assigns, hereby waive the right to assert any claim or action against the County of Crow Wing and its employees and agents for any injury, loss or damage, to my person and/or property, including injuries resulting in death, arising out of any accidents or events occurring while a passenger in Crow Wing County vehicles and/or accompanying officers of the Crow Wing County Sheriff's Office in the performance of their duties.

I am aware that circumstances, events, dangers or hazards may arise or occur while I am a passenger in a Crow Wing County vehicle and/or accompanying officers of the Crow Wing County Sheriff's Officer that could expose to me harm and may result in injury, loss, damage or death, and I assume the risk of such circumstances, events, dangers or hazards, whether reasonably foreseeable or not. I have also been made aware that I may be exposed to confidential and/or private data in print, words and/or action and I agree that I will hold any information in strict confidence after my ride along.

I further agree to save and hold Crow Wing County harmless from any and all claims that may arise or are attributable directly or indirectly to me in conjunction with my accompaniment of an officer of the Crow Wing County Sheriff's Office whether or not the loss is due to negligence on the part of Crow Wing County or its employees.

I have read the above and fully understand the legal significance of my signature and have received a copy of this waiver.

SIGNED: _____ WITNESS: _____

PARENT/GUARDIAN (If under 18 yrs. of age): _____

Permission is hereby granted to the above named party and whose signature is affixed to this form to ride as a passenger in a Crow Wing County vehicle and accompany an officer of the Crow Wing County Sheriff's Office in the performance of his/her duties on: _____.

Approved by Crow Wing County Supervisor: _____ on _____.
Signature Date

(If approval is granted via phone or radio, officer must list supervisor, time, and date of approval)

The Crow Wing County Sheriff's Office is Committed to Providing Public Service that is Beneficial to All Members of the Community through Leadership, Experience and Compassion.