SIKESTON DEPARTMENT OF PUBLIC SAFETY
RIDE – ALONG RELEASE

This agreement made and entered in by and between the City of Sikeston a Missouri Municipal corporation and

_____	_____
Print Full Name	Address

_____	_____	_____
Telephone Number	Date of Birth	Drivers License Number

WITNESSETH

Whereas, I _____ am about to be transported as a passenger in a motor vehicle owned and operated by the City of Sikeston on _____ , and,

Whereas, I am doing so entirely upon my own initiative, risk, and responsibility.

Now, therefore, in consideration of the permission extended to me by the City of Sikeston through its officers and agents, to take said trip, I do hereby, for myself, my heirs, executors and administrators, remise, release and forever discharge the city of Sikeston and all of its officers, agents employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on acount of my death or on account of any injury to me which may occur from any cause during said transportation or continuances thereof, as well as all operations incident thereto.

In witness whereof, the parties have hereunto set their hands and seals this

_____ day of _____, 20 _____.
day # month yy

_____	_____
SIGNATURE OF PASSENGER	SIGNATURE OF PARENT OR GUARDIAN

IN THE PRESENCE OF:

_____	_____
WITNESS	WITNESS

BY: _____ _____
OFFICIAL CAPACITY: