

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

As used in the statement, the term "law enforcement" shall include the Oxnard Police Department.

I, _____ (print name), not being a member, employee, or agent of the Oxnard Police Department, have made a voluntary request for permission to be a guest or observer in the Oxnard Police Department. I have further requested to accompany an Oxnard Police Department member or members during the active performance of their official duties.

I hereby agree that the City of Oxnard, the Oxnard Police Department, any member of a law enforcement department, or their sureties, and each of them individually and/or collectively, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, estate, or heirs, for any injury, damage, expense, or loss to any person or property of the undersigned incurred while a guest or observer while accompanying a police department member during the active performance of his or her official duties.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I hereby declare under penalty of perjury that I have read and understand the foregoing waiver and release of claims statement and fully agree to each and every term and condition contained herein.

COMPLETE IN PRESENCE OF A POLICE DEPARTMENT EMPLOYEE

Date Signed	Location Signed
Signature of Applicant	Printed Name
Witness Signature	Date Signed
Misc. Notes	

Please mail or fax this application to:

Oxnard Police Records • 251 South "C" Street • Oxnard CA 93030 • FAX (805) 385-7727

You may also drop off the application at the records counter. Call 805.385.7650 for Records Division hours of operation.