

**Covington Police Department
Ride Along Release Form**

GEORGIA

Covington
City

Newton
County

The Covington Police Department

City of Covington, Georgia

Agreement

Name

Address

City, State, Zip

This agreement made and entered into this ____ day of _____, 20____,
Between the Covington Police Department, a department of the City of Covington,
Georgia, an agency of the State of Georgia, and

_____.

Witnessed:

Whereas, the Covington Police Department has agreed to cooperate with _____ in order that he or she may ride with a member of the Covington Police Department for the reason set forth above, now, therefore, _____ waives any claim for injury to himself or herself, his or her heirs and assigns, hereby agrees to indemnify, protect, and hold harmless the Covington Police Department, individual members thereof, and the City of Covington, Georgia from any loss or damages arising out of his / her riding with a member of the Covington Police Department for the reasons herein above set out.

Signature

Witness