DEPARTMENT OF PUBLIC SAFETY
MINNESOTA STATE PATROL
WAIVER OF CLAIM

NAME_____PHONE NUMBER: _____
LAST FIRST MIDDLE

ADDRESS_____EMPLOYER: _____

CITY_____STATE_____ZIP _____DOB _____

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 heirs, administrators, executors and assigns, hereby waive the right to assert any claim or action against the State of Minnesota 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 a Minnesota State Patrol vehicle or aircraft and/or accompanying members of the Minnesota State Patrol 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 State Patrol vehicle or aircraft and/or accompanying members of the State Patrol that could expose me to 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 further agree to save and hold the State of Minnesota harmless from any and all claims that may arise or are attributable directly or indirectly to me in conjunction with my accompanying a member of the State Patrol whether or not the loss is due to negligence on the part of the State of Minnesota or its employees.

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

SIGNED: _____ PARENT/GUARDIAN IF UNDER 18 YRS OF AGE:_____

SPOUSE: _____

Permission is hereby granted to the above named person and whose signature is affixed to this form to ride as a passenger in a State Patrol vehicle or aircraft and accompany _____
(member's name)
a member of the State Patrol, in the performance of their duties on_____.
(Date of ride-along)

*** APPROVED BY STATE PATROL SUPERVISOR:**

_____ _____
(Supervisor's signature) (Time and Date)

- If approval is by phone or radio, member must list the supervisor and the time and date of the approval with the note "Obtained By Phone".

Form must be submitted with the member's weekly report with
a copy to the person accompanying the State Patrol member.

PS-18084-03
(1-96)