

**City of Allentown Police Department
Release of Claims**

STATE OF PENNSYLVANIA

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COUNTY OF Lehigh §

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Known all men by these present that I, _____, of _____ County, Pennsylvania in consideration of being allowed to accompany the City of Allentown Police Department Police on official patrols, do by these presents for myself, my heirs, executors, administrators, and assigns, hereby release and agree not to hold liable, the City of Allentown Police Department, its officers, agents and employees from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me or my property while accompanying them.

I further agree by these presents for myself, my heirs, executors, administrators, and assigns, to indemnify, hold and save harmless the City of Allentown Police Department, its agents, officers and employees, from any liability, action, claim, damage, award or judgment incurred or suffered by the City or individuals as a result of any act or omission by me or caused by me while accompanying any employee, agent or officer of the City.

In addition, I make the following representations and acknowledgments upon which I intend the City of Allentown Police Department to rely:

1. I understand and agree that while accompanying any officer, agent or employee of the City during his law enforcement rounds, I am to be only ***an unarmed lay observer*** and bystander with no active role whatever and that I will have and am given no duties, rights, powers or authority whatever other than those conferred by law upon any other person in like or similar circumstances as may arise from time to time and will under no circumstances interfere with the officers or offer any advice or counsel to any person being questioned, investigated, taken into custody or arrested by any officer;
2. Neither will I be considered an agent, servant or employee of the City of Allentown Police Department and thus, I will not be covered by the City for any workers' compensation, death or disability benefits;
3. I realize that I may and will, at unpredictable times, be placed in both foreseeable and unforeseeable positions of considerable danger that could cause injury, severe injury, permanent disability, death, mental anguish, stress disorder, mental disability, permanent mental disability, and agree that neither the City of Allentown Police Department nor any of its officers or employees shall be obligated to take any steps or action to protect my person or provide a means of

withdrawal or retreat for me, and I hereby release them of any duty to do so intending hereby to willfully and voluntarily assume all risk inherent in any situation and under any circumstances that may arise incident hereto; and

4. I agree that any information I may gain will be used by me only for my personal educational purposes except where I am summoned as a witness in any administrative or court proceeding.

Witness my hand this the _____ day of _____,
20_____.

BEFORE ME, the undersigned authority, this the _____ day of _____, 20____, personally appeared before me the said _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he freely and voluntarily executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20_____.

Notary Public in and for
the State of Pennsylvania

Printed or Typed Name of Notary

My commission expires:
