

**BAXTER POLICE DEPARTMENT
13190 MEMORYWOOD DRIVE
BAXTER, MN 56425 218/454-5090**

WAIVER OF CLAIMS

I, _____ Of
(Name)

(Address)

In consideration of being permitted to ride in a Baxter Police Department police vehicle, agree that the City of Baxter shall not be liable for any damages or injury that may be sustained by me while in the company of the Baxter Police Department employees or while riding as a passenger in the vehicle whether or not said injury should be caused by or be due to the negligence of the City of Baxter, it's agents, servants or employees.

Signature _____

Parents signature if juvenile _____

Date _____