



BRAINERD POLICE DEPARTMENT
225 East River Road
Brainerd, MN 56401
Phone: 218/829-2805 Fax: 218/825-3489



WAIVER OF CLAIMS

I, _____ of _____
(name) (address)

in consideration of being permitted to ride in a Brainerd Police car, agree that the City of Brainerd shall not be liable for any damage or injury that may be sustained by me while riding as a passenger in said city patrol car, whether or not said damage or injury should be caused by or due to negligence of the City of Brainerd, its agents, servants, or employees.

Signature

Signature of Parent/Guardian of Juvenile

Date of Ride

Signature of Approving Supervisor

Witness