



Waiver of Liability and Acceptance of Risk

While the Indiana State Police (ISP) is committed to minimizing all risk of injury, the inherent risks associated with law enforcement activities (including but not limited to firearms or weapons of any kind, emergency vehicle operations, physical fitness, defensive tactics, chemical agent sprays, and water activity) can never be totally eliminated regardless of the care taken by ISP staff.

Therefore, before you voluntarily participate, in any capacity, in ISP activities, **BE ADVISED AND WARNED** that you may sustain injury and perhaps even death as a result of your engagement in and/or participation in these activities.

Having been advised of the potential for injury and/or death that exists with ISP activities, I agree to the following:

- I will employ my best judgment and act responsibly throughout the entire time I participate in ISP activities;
- I will notify ISP staff of any physical or medical condition or prescription drug use that might adversely affect my performance or increase my chance for injury while participating in ISP activities;
- I will request clarification of what is expected of me when I am unsure;
- I will advise ISP staff if I prefer not to participate in any activity if I feel endangered by that activity;
- I will refuse to participate in any activity in which I feel the risk of injury is more than I want to accept; and
- I will immediately stop any activity if I believe that I have been injured, even to the slightest degree, and I will immediately report the injury to ISP staff and I agree it will be my responsibility (both financially and in judgment) to seek medical care/treatment for any injury sustained.

In consideration of being permitted to voluntarily engage/participate in ISP activities, I, _____, agree to release, indemnify, defend, and hold harmless the State of Indiana, Indiana State Police, its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission during law enforcement activities in which I participate.



I acknowledge that I have completely read this waiver of liability I understand and acknowledge that I am freely and voluntarily giving up certain rights, including the right to sue, in order to voluntarily engage/participate in law enforcement activities conducted by the Indiana State Police. I have been advised that I can have this document reviewed by my own legal counsel prior to signing. I intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature

Witness Signature

Printed Name

Printed Name

Date Telephone number

Date Telephone number

If the participant is under the age of 18, a parent or legal guardian MUST complete the following:

I, _____, as Parent/Legal Guardian of _____ acknowledge that I have reviewed this waiver in its entirety, and I fully understand and agree to its terms. Furthermore, I hereby do release the State of Indiana, the Indiana State Police, its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission during law enforcement activities in which my child, _____, participates. I have been advised that I can have this document reviewed by my own legal counsel prior to signing. I intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature

Witness Signature

Printed Name

Printed Name

Date Telephone number

Date Telephone number

