

City of East Providence Department of Police 2019 Recruitment



WILLIAM NEBUS CHIEF OF POLICE

Waiver of Liability and Hold Harmless Agreement

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and to my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE the **City of East Providence, the East Providence Police Department, or any and all of their representatives, successors or assigns,** from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the **State of Rhode Island**.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENTING TO BE BOUND BY SAME.

Signature	Witness Signature
Print name	Witness Name (print)
Date	Date

750 Waterman Avenue East Providence, RI 02914-4505 www.eastprovidenceri.net Tel. (401) 435-7600 Fax (401) 431-2320 TDD (401) 431-1633

ROBERTO L. DASILVA MAYOR