HIGHWAY PATROL DIVISION
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, NON-DISCLOSURE WAIVER,
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I ____________________________________________________, (being/not being) over the age of twenty-one and not being a member of the Nevada Highway Patrol (NHP), have made a voluntary request to ride as a guest in a vehicle assigned to the NHP and to accompany a member or members of the NHP during the performance of their official duties, and;

WHEREAS, the NHP is willing to allow me to ride as a guest in a vehicle assigned to that Division and to accompany a member or members of the Division during the performance of their duties on the following conditions:

NOW, THEREFORE, in consideration of the permission given to ride in a vehicle assigned to the NHP and to accompany a member or members of said Division during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the NHP is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my person or personal property by accompanying a member or members of the NHP during the performance of their official duties and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons; unlawful acts of forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of hazardous materials or radioactive substances while accompanying a member or members of the NHP during the performance of their official duties.

2. That I am aware and understand that the work of the NHP is confidential and sensitive in nature. The information received from the Communication Center comes from several different sources to include; NCIC/NCJIS (National Crime Information Center/Nevada Criminal Justice Information System), telephone calls, teletypes and radio traffic. All of this information is confidential and sensitive and can not be shared under penalty of NRS 179A .240.

3. That I understand my privilege to ride in a vehicle assigned to the NHP and to accompany a member or members of the said Division during performance of their official duties is not to be construed as formal or official training, and the State of Nevada, Department of Public Safety, Administrative Head of the NHP, all members of the NHP, their sureties, and each of them, shall not be responsible or liable for my application or use of any procedures or practices observed during the period of time I rode as a guest in a vehicle assigned to the NHP and accompanied a member or members of the NHP during the performance of their official duties.

4. That the State of Nevada, Department of Public Safety, Administrative Head of the NHP, his sureties, all members of the NHP, their sureties, and each of them, shall not be responsible or liable for any injury, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the NHP or while accompanying any member or members of said Division during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the NHP.

5. That I agree for myself, my heirs, executors, administrators and assigns to defend and indemnify the State of Nevada, Department of Public Safety, Administrative Head of the NHP, all members of the NHP, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debits, claims, demands or damages, or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the NHP or while accompanying any member or members of said Division during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

___________________________________    _____________________
Signature                              Date

_______________________________________    ________________________
Signature of Parent or Guardian if applicant is a minor    Witness
STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY – DIVISION OF HIGHWAY PATROL
APPLICATION TO RIDE WITH SWORN PERSONNEL

Applicant’s Name: ____________________________________________
(First, Middle, Last)

Address: ____________________________________________
City: State: Zip: ____________________________________________

Date of Birth: ________________ Social Security #: ________________

Telephone Number: Home: ____________________________ Business: ____________________________

Height: ____________________________ Weight: ____________________________
Hair: ____________________________ Eyes: ____________________________

Sex: __ M __ F

Driver’s License Number: ____________________________ State: ____________________________

Place of Employment: ____________________________

Date Ride Requested: ________________ Time: ________________ Length: ________________

Purpose of Ride: ____________________________

(If additional space is needed, use other side)

MEDICAL INFORMATION:
Medication Being
Taken: ____________________________________________

Under Doctor’s Care: □ Yes □ No Doctor’s
Name: ____________________________________________

Doctor’s Telephone: ____________________________________________

In Case of an Emergency, Notify:
Name: ____________________________________________ Relationship: ____________________________

Address: ____________________________________________
City: State: ____________________________________________

Telephone: Home: ____________________________________________ Business: ____________________________

NHP Form 49 / Rev. 10/26/04
NOTICE TO APPLICANT

Your signature on this application indicates that you have applied to ride with the Nevada Highway Patrol for the purpose stated above and also serves as your authorization for the conducting of a records check to determine if you have a criminal history record. Confirmation that you have a felony criminal history record may be cause to reject your application.

Applicant’s Signature

Date

Application Status:  ☐ Approved  ☐ Disapproved

If application is approved, the authorizing Commander must designate the date, time and length of the ride, and the officer whom the applicant will be assigned.

Date Time Length of Ride:

Reviewing Commander’s Signature Date