

LAKE QUIVIRA POLICE DEPARTMENT

CASE# _____

LIABILITY WAIVER AND RELEASE FOR OPENING OR JUMP STARTING VEHICLES

WAIVER

I, _____ hereby request the Lake Quivira Police Department to Attempt Entry Jump Start of my vehicle or a vehicle under my lawful control or authority. In doing so, I understand that damage may occur to the vehicle. I also understand that not all vehicles can be successfully entered or started by the methods employed by the Lake Quivira Police Department.

I understand that in some cases, the vehicles design may include parts that will break, and/or malfunction, if any attempt is made to open the vehicle by means other than a key designed solely for the use with the specific vehicle. As the person making this request, I understand that I will be responsible for all cost associated with the repair, etc.

I fully understand what may occur and hereby release and relieve the City of Lake Quivira, the Lake Quivira Police Department, and any of its agents, servants, or employees from any and all claims for damage and/or loss of use of the undersigned vehicle. The waiver and release shall be binding upon the heirs, devisees, legatees, personal representatives, successors, or assigns of the undersigned.

VEHICLE

| | | | | | | | |
|---|------|-------|---------------------|-------|-----------------|------------------------|-----------|
| VEHICLE YEAR | MAKE | MODEL | STYLE | COLOR | LICENSE PLATE # | STATE OF LICENSE PLATE | EXP YEAR |
| LOCATION OF KEYS | | | LOCATION OF VEHICLE | | | | CONDITION |
| REQUESTOR'S STATUS WITH VEHICLE | | | | | | | |
| <input type="checkbox"/> OWNER <input type="checkbox"/> DRIVER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER _____ | | | | | | | |

REQUESTOR

| | | | | | | | | | | |
|------------------------|------|--------|-----------|---------------|--|-------|-----------|-----|--|------------------|
| NAME | LAST | FIRST | MIDDLE | | | | | | | |
| ADDRESS | | STREET | | CITY | | STATE | | ZIP | | TELEPHONE NUMBER |
| DRIVERS LICENSE NUMBER | | | D L STATE | DATE OF BIRTH | | | SIGNATURE | | | DATE |

OFFICER

| | | | | | |
|-----------|------|----------|------------------|------------------|--------|
| DATE | TIME | LOCATION | ENTRY SUCCESSFUL | START SUCCESSFUL | DAMAGE |
| NARRATIVE | | | | | |

| | | | | | |
|-------------------|-----|------|-------------------|---------------------|-----|
| REPORTING OFFICER | ID# | DATE | OFFICER SIGNATURE | SUPERVISING OFFICER | ID# |
|-------------------|-----|------|-------------------|---------------------|-----|