



Board of  
Commissioners

Department of  
Risk Management

105 E. Market Street  
Xenia, Ohio 45385-3111

Phone: (937) 562-5213  
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**RIDER RELEASE**

Reason for Travel: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Hosting County Employee & Dept.: \_\_\_\_\_  
 Frequency:  One Time Event  Recurring Event, Adn'l Dates \_\_\_\_\_

I, \_\_\_\_\_, or my parent/legal guardian if I am under 18 years of age, (hereinafter referred to as "Rider"); have requested that Greene County grant me permission to ride in a County vehicle. Greene County has indicated that it is willing to grant such request provided this instrument is executed which releases the County from any resulting liability and if the Rider confirms a clear understanding of the rules governing this privilege. These rules consist of:

- 1) UNDER NO CIRCUMSTANCES is the Rider permitted to drive the County vehicle;
- 2) The Rider MUST be covered under a qualified health plan; and
- 3) The Rider MUST, whenever in the vehicle, be restrained by a lap belt/shoulder restraint or other restraint as may be required by law.

In consideration of the permission granted by Greene County, I (and my parent/legal guardian if I am under 18 years of age) release and forever quit claim and discharge Greene County and its officers, deputies, agents and employees from and against any and all claims, suits or demands, which I, my parent/legal guardian, my heirs, executors, administrators or other persons claiming under or through me, have or can or might have as a result of any losses, damages, expenses, personal injuries or death, which I, my parent/legal guardian or any persons whomsoever claiming under or through me, may suffer or sustain while exercising said permission or arising as a result of such permission, in any motor vehicle, in or on any property or premises owned or operated by Greene County whether said losses, damages, injuries or death result(s) from the negligence of Greene County, its officers, deputies, agents and employees, or are otherwise caused.

\_\_\_\_\_  
Signature of Rider \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Rider's Parent / Guardian \_\_\_\_\_  
Date  
*If Rider is under 18 years of age*

***This Release is not valid until approved by a representative of the Greene County Commissioners or Greene County Administrator***

APPROVED AS REQUESTED:

\_\_\_\_\_  
Board of Commission Representative or \_\_\_\_\_  
Date  
County Administrator Representative