

WAIVER FOR THE RELEASE OF LIABILITY

MODESTO POLICE DEPARTMENT CASE # \_\_\_\_\_

MODESTO POLICE ITEM(S) # \_\_\_\_\_

I, the undersigned, hereby acknowledge receipt of the below listed medications which the City of Modesto Police Department has released to me. I understand that the City of Modesto Police Department cannot guarantee that said medications have not been tampered with between the period of time they left my possession and the time they were taken into custody by the Modesto Police Department.

I HEREBY waive and release the City of Modesto, its officers, employees, agents and assigns, from any claim I may have or which may accrue to me, my heirs and assigns, for bodily injury or death arising out of ingestion of said medications.

DESCRIPTION OF MEDICATIONS:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

MPD EMPLOYEE WITNESS: \_\_\_\_\_ IBM: \_\_\_\_\_