

TOWN OF
DANVILLE
POLICE DEPARTMENT



Citizen Ride-Along Request

NAME: _____
Last First Middle

Date of Birth: ____/____/____ **SSN:** ____-____-____
(must be at least 18 years old)

ADDRESS: _____
(Include City, State & Zip Code)

PHONE NUMBER: (____) ____-____

Driver's License Number: _____

EMERGENCY CONTACT

NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____
(Include City, State & Zip Code)

Danville Metropolitan Police Department

RIDE ALONG PROGRAM RELEASE AND WAIVER - Please read a sign

In consideration of the authorization and permission to accompany officers or any officers of the Department during the course of his or her duties, which has been granted to me at my voluntary request, and having been advised herein that such activity is potentially hazardous,

I _____, do hereby WAIVE AND RELEASE all demands, damages, actions, cause of actions, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representative of any nature whatsoever might otherwise have against the City of Danville, its Police Department, and each and every officer, official member, employee, agent and attorney thereof, on account of death or injuries, both to person and to property, whether foreseeable or not, which may occur, direct or indirect, or develop at any time in the future as a result of my activities or association with the Department, whether in a vehicle, in the station, or otherwise in association with the Department and officers and officials thereof in any manner whatsoever.

It is agreed and understood that this RELEASE AND WAIVER shall apply for the express purpose of precluding forever all claims, suits, demands, damages and causes of action that I or my heirs, next of kin, executors, administrators, estate, agent and assigns and representative of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association with the Danville Police Department.

I voluntarily and willingly assume all risks incident to accompanying a Danville Metropolitan Police Officer in the performance of his or her duties.

I hereby declare that I have fully read and understood the terms of the RELEASE AND WAIVER, and I freely and voluntarily enter into and accept this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer of Officers of the Department at my own request, I hereby promise and agree to fully comply with all instruction given to me, and during such accompaniment, I shall act only in my capacity as an observer.

Participant's Signature: _____

Administrative approval

Application Approved by: _____

Date Approved: ____ / ____ / ____

- This form will remain on file for the year of 20____