Sonora Police Department
100 South Green Street
Sonora, CA 95370
(209) 532-8143

CITIZEN RIDE ALONG REQUEST AND WAIVER OF LIABILITY

I, _____ have requested permission from the Sonora
Print (last name first middle initial)
Police Department to ride as a guest or observer in a marked, Police Patrol vehicle for the purpose of observing police officers in the performance of their duties.

The undersigned acknowledges the work and activities of said law enforcement department are inherently dangerous and involve possible risks of injury, death, and damage or loss to person and property. The undersigned further understands said risks may arise from, but are not limited to, civil disturbances; explosions or shootings; assaults and/or batteries; vehicular collision; and the effects of wind, rain, fire, and gas; and I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.

I understand that this request is being made for my own, personal benefit, and I hereby expressly waive and release the City of Sonora, the Sonora Police Department, or any of its officers, employees, agents and volunteers from any and all liability arising out of my said participation. The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, wrongful death or damage to property or person occurring to him/herself arising as a result of participation in said activity. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE ABOVE NAMED PARTIES FROM LIABILITY FOR PERSONAL INJURY OR DEATH, DAMAGE, AND EXPENSE OF LOSS TO PERSON OR PROPERTY CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she has read the foregoing three paragraphs, is fully and completely aware of the potential dangers incidental to participating in the program, and is aware of the legal consequences of signing this release of liability.

_____ _____ _____
Signature of Citizen Participant Date Time

Date of Birth:_____/__/_____ Age: _____

Address:_____ City:_____State:_____

Home Telephone: (___)_____ Work Telephone: (___)_____

PERMISSION OF PARENT OR LEGAL GUARDIAN:

Parent/Guardian _____ Date _____
(signature)
Witness _____ Date _____
(signature)

PERSON TO CONTACT IN CASE OF EMERGENCY:
Name: _____ Telephone: (___)_____

Address: _____ City: _____ State: _____
DEPARTMENTAL APPROVAL:

_____ _____to_____ _____
Date of Ride time start time stop total hours

Patrol Officer Assigned_____ Date _____

Supervisor Approval _____ Date _____