

## **Sonora Police Department**

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



Rev. 1/2017

## CITIZEN RIDE ALONG REQUEST AND WAIVER OF LIABILITY

I,	have	requested permission from t	the Sonora Polic	e Department to ride as a g	uest
PRINT NAME (LAST, FIRST, MIDDLE or observer in a marked, Police Par	<i>INITIAL)</i> trol vehicle for t	he purpose of observing poli	ice officers in th	e performance of their duti	es.
The undersigned acknowledges the possible risks or injury, death, and from, but are not limited to, civil d wind, rain, fire, and gas; and I free	e work and activ damage or loss isturbances; exp	ities of said law enforcemen to person and property. The blosions or shootings; assault	t department are undersigned fur s and/or batterie	e inherently dangerous and ther understands said risks es; vehicular collision; and	involve may arise the effects of
I understand that this request is being the Sonora Police Department, or a participation. The undersigned her for personal injury, wrongful death activity. IT IS THE INTENTION ON NAMED PARTIES FROM LIABI PERSON OR PROPERTY CAUS	any of its officer eby voluntarily or damage to p OF THE UNDE LITY FOR PEF	s, employees, agents and volreleases, discharges, waives roperty or person occurring RSIGNED BY THIS INSTRASONAL INJURY OR DEA	lunteers from an and relinquisher to him/herself at RUMENT TO E	y and all liability arising or s any and all actions or cau rising as a result of particip XEMPT AND RELIEVE T	ut of my said ses of action ation in said THE ABOVE
The undersigned acknowledges that dangers incidental to participating that he/she is exposed to may be conforcement activity without perm	in the program, onfidential or se	agrees to undergo a complet nsitive in nature, will not use	e personal recore any device to	rds check as some of the in- record, capture, or photogra	formation
Signature of Citizen Participant		-	Date	Time	
Date of Birth:	Age:	Driver's License #:		State:	
Address:		City:		State:	
Home Telephone:()	W	ork Telephone:()			
PERSON TO CONTACT IN CA	SE OF EMER	GENCY:			
Name:		Telephone:(	)		
Address:		City:		State:	
PERMISSION OF PARENT OF	R LEGAL GUA	RDIAN (if applicable):			
Parent/Guardian:		Date:			
Witness:  (signature)		Date:			
DEPARTMENTAL APPROVAL	L <b>:</b>				
Date of Ride	time st	Toart time stop	total	nours	
Patrol Officer Assigned		Dota			

Supervisor Approval:\_\_\_\_\_\_ Date:\_\_\_\_\_