



Ashland Police Department Ashland, Wisconsin



RIDE-ALONG WAIVER/PERMISSION FORM

I _____ hereby request permission to ride in an Ashland Police vehicle for the purpose of observing an Ashland Police Officer in the performance of his duties. I acknowledge that there are dangers involved, and I hereby voluntarily waive any rights, claims or causes of action should I sustain injury or property damage. I hereby release, acquit and forever discharge the City of Ashland and any and all of its officers, agents or employees from any loss, liability or claim which may arise from any personal injury or property damage which may occur during this time.

I agree to abide by all rules and regulations of the Department and will obey all lawful orders given me by the officers of the Ashland Police Department. I agree not to reveal any information that I may become aware of which would be considered of a confidential nature and understand that I may face prosecution if I do.

I understand and agree to abide by the information in this document.

Signature

Date

Witness

TO BE COMPLETED FOR RIDERS UNDER 18 YEARS OF AGE

I am the legal guardian of _____ who is ____ years of age. I have read the foregoing request and recognize the risks involved. I release the City of Ashland and its police employees from civil liabilities, including but not limited to any right of support or liability for medical or other expenses I may have or accrue.

Signature

Date

Witness

Approved by: _____
Supervisor

Ride-along date