

IR# _____

EDWARDSVILLE POLICE DEPARTMENT

**RIDE-ALONG WAIVER
AGREEMENT**

I, _____
LAST NAME FIRST MIDDLE DATE OF BIRTH

ADDRESS TELEPHONE DRIVER LICENSE NUMBER

hereby agree to the following terms with respect to the City of Edwardsville Police Department allowing me to ride in a police unit as an observer.

1. That I will ride in a police unit with a police officer during his/her tour of duty only as scheduled in writing by the Chief of Police or his designate.
2. That in the event of any disturbance or emergency, I will remain in said police unit and not place myself in a position whereby I would hinder the investigation or place myself in danger of bodily harm.
3. That I hereby release and waive all responsibility to the City of Edwardsville, the Edwardsville Police Department, and the employees of said Police Department, for myself, my heirs and personal representatives, for any injuries, physical or mental, that I might receive as a result of any disturbance, emergency, or traffic accident while accompanying members of the Edwardsville Police Department on this project, and that I shall not have any right for a cause of action against the said City of Edwardsville, the Edwardsville Police Department, and/or any member or employee of the City of Edwardsville and the Edwardsville Police Department for any act or neglect to act, whatsoever occurring while I am involved in this project.
4. That this agreement shall not be construed as or deemed to be an agreement for the benefit of any third party, or parties nor shall they have any right of action hereunder for any cause whatsoever and have no ideas for personal gain from this project.
5. I voluntarily agree to a background check to confirm my suitability for the ride-along program.

In witness whereof, this waiver agreement has been executed this _____ day of _____, 20____ and written above by the party/parties hereto.

SIGNATURE: _____

WAIVER AND CONSENT OF PARENTS (Must be completed if person is under 18 years of age):

The undersigned, parents of _____, have read and understand the above waiver and release, consent to same, and hereby waive any claim for damage of any nature against said City, its officers, agents, or employees, arising out of, or in connection with, the activities described herein.

Parent _____	Date _____	Address _____
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Shift Preference: 6AM-10AM _____ 7AM-11AM _____ 10AM-2PM _____	Have you been on a prior Edwardsville Police Department ride-along? _____
11AM-3PM _____ 2PM-6PM _____ 3PM-7PM _____	How many times? _____
6PM-10PM _____ 7PM-11PM _____ 10PM-2AM _____	
11PM-3AM _____ 2AM-6AM _____ 3AM-7AM _____	

Officer Preference: _____ When was the last time? _____

Date & Time Preference: _____ With what officer? _____

DO NOT WRITE BELOW THIS LINE---FOR OFFICE USE ONLY

Scheduled: Date: _____ Time: _____

Lieutenant's Approval _____ Date: _____

Officer's Name _____

Date/Time Completed _____

LOCAL RECORDS _____ LEADS _____ CONFIRMED _____