WARREN POLICE DEPARTMENT RIDE-ALONG WAIVER

KNOW ALL MEN BY THESE PRESENTS that the undersigned does hereby waive all manner of action and actions, caused and causes of action, damages, claims and demand and forever discharges the City of Warren, The Warren Police Department and all of their agents and employees from any and all claims, demands, and liabilities on account of any and all injuries, losses, and damages to his person or property which might be caused, or may at any time arise by reason of his property which might be caused, or may at any time arise by reason of his training, orientation, guided tours, or passage in a City of Warren vehicle under the direct supervision of agents and employees of the City of Warren or the City of Warren Police Department.

The undersigned agrees to act only as an observer and to take no active part in any police action other than that which is required by state law.

The intention hereof is to release completely, absolutely, and finally the said City of Warren, The Warren Police Department, and their agents and employees from all liabilities which might arise wholly or partially from the cause aforesaid.

This waiver is given in consideration of the training, orientation, or passage in a City of Warren vehicle received through the cooperation of the Warren Police Department, its agents and employees.

The undersigned shall be properly attired; t-shirts, sweatpants, shorts, etc. are not permitted. (*Please refer to WPD Procedure* # 13-06)

NAME OF RIDE-ALONG:	RST NAME	MIDDLE NAME	LAST NAME
DRIVERS LICENSE #:			DOB:
ADDRESS	CITY	STATE	ZIP CODE PHONE
DATE OF REQUESTED RIDE-	ALONG:	TIME(S):
REASON FOR REQUEST:			
IS REQUEST TO RIDE WITH A SPECIFIC OFFICER?	YES NO	OFFICER'S NAME:	
RELATIONSHIP, IF ANY, WIT DEPARTMENT MEMBER:	H 		
SIGNATURE OF RIDE-ALONG	DATE	WITNESSED BY	DATE
	APF	PROVAL	
SUPERVISOR	PLATOON COMMANDER	CAPTAIN	COMMISSIONER
YES □ NO □	YES □ NO □	YES 🗆 NO 🗆	YES □ NO □
ASSIGNED OFFICER:		DATE:	TIME ON:
SUPERVISOR:			TIME OFF: DISTRICT:
NOTE: If Ride-Along is under e	eighteen (18) years of age, to	his waiver must be executed	d by a responsible parent or guardia
l,		_as parent or guardian, have	e read and understand this waiver.
SICMATUDE:			DATE: