

PLYMOUTH TOWNSHIP POLICE DEPARTMENT
REQUEST FOR RIDE-ALONG FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ DOB: _____ Age: _____

Reason for RIDE-A-LONG Request: _____

Date Requested: _____ Time Requested: _____

Signature: _____ Date: _____

**THE WAIVER BELOW MUST BE SIGNED BY PARTICIPANT AND
AUTHENTICATED BY PATROL LIEUTENANT BEFORE "RIDE-ALONG"**

WAIVER OF LIABILITY

For and/in consideration of the undersigned being given the opportunity of observing police operations and functions of the Plymouth Township Police Department by riding in a vehicle, operated by members of the Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases Plymouth Township, its officials, officers, and all other personnel of Plymouth Township from any and all liability whatsoever for any injuries, damages and claims and undersigned, his/her heirs, dependents and assigns may sustain in and about any vehicle or in any other way during the course of the observations and studies by the undersigned of the operation and functions of the Plymouth Township Police Department.

_____ DATE	_____ SIGNATURE
SWORN TO AND SUBSCRIBED before me	
this _____ day of _____	, 20 _____

Notary Public (SEAL)

FOR DEPARTMENT USE ONLY

Request Approved: Yes _____ No: _____

Audio/Visual Equipment Approval: Yes _____ No: _____

Lieutenant Signature: _____

Officer Assigned/Comments: _____
