GRASS VALLEY POLICE DEPARTMENT
129 S. Auburn St.
Grass Valley, CA 95945
(530) 477-4600

REQUEST FOR RIDE ALONG

Agreement Assuming Risk of Injury or Damage Waiver and Release of Claims

The undersigned, not being a member, employee or agent of any law enforcement department, has made a voluntary request for permission to ride as an observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the Grass Valley Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of official duties.

The undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property, and further agrees that said undersigned assumes any such risk.

The undersigned hereby agrees that the City of Grass Valley, the Grass Valley Police Department, any member of the Grass Valley Police Department, the driver or owner of any automobile owned or operated by, or in the service of the City of Grass Valley, their sureties, and each of them, shall not be held liable or her estate, or heirs, for any injury, damage expense or loss to the person or property of the undersigned, incurred while riding as an observer in any Grass Valley Police Department vehicle or while accompanying a member of said department during the active performance of his official duties as a peace officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: The signature of a parent or guardian is required for those observers between the ages of 15 and 21 years, unless married.

Date: _____ Watch Desired (circle one) 6:00 am to 2:00 pm
2:00 pm to 10:00 pm
10:00 pm to 6:00 am

Rider's signature: _____ Age/DOB: _____

Parent/Guardian: I have read and I understand the above waiver and release of claims and execute the same on behalf of my child.

Signature: _____ Date: _____

Address: _____ Phone: _____

This application will be reviewed and you will be contacted within a short period of time.

FOR DEPARTMENT USE ONLY: Approved By: _____

Date/Time observer to ride: _____

Officer: _____

This form must be completed and returned to the Captain's office before observer may ride.