



BRILLION POLICE DEPARTMENT

RIDE ALONG WAIVER AND RELEASE OF LIABILITY

“Our mission is to prevent the next crime!”

Rider Name: _____ D.O.B. _____

Address: _____ Phone: _____

Place of Employment/School: _____

Date/Time Requested to Ride: _____ Participating Officer: _____

Reason for Riding Along: _____

I, _____, do hereby fully and irrevocably release, discharge and hold harmless the City of Brillion, Wisconsin, a municipal corporation, and the City of Brillion Police Department, their representative officers, representatives, employees and agents, without limitation, from any and all liability, damages, claims or causes of action or injuries, death, property loss or damages of any kind which may be sustained to me, directly or indirectly, during or as a result of my accompanying an officer or officers of the City of Brillion Police Department in any of their activities, including patrol duties. My participation in such activities is undertaken at my own request and voluntarily. I have been informed and understand that police activities include a high and inherent potential risk to my personal safety. I freely and ultimately accept such risk. I also understand that as the potential rider accompanying an officer, I may be subject to a background investigation prior to the requested date.

Rider Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Approving Supervisor Signature: _____ Date: _____