FREDERICKSBURG POLICE DEPARTMENT

RIDE-ALONG REQUEST & WAIVER

Citizen Name: _____ DOB: _____

Home Address: _____

Phone Number: _____ Email: _____

Date/Time Request to Ride-Along: _____

I hereby request permission to ride-along with an officer or detective, observing the activity of the Fredericksburg Police Department for the purpose of:

_____

_____

My signature below attests that I have read and understand the Ride-Along Waiver Form (page 2 of this document) and that I also understand during my ride-along:

1. I am not permitted to use any recording devices to include photography, audio or visual recordings.
2. Appropriate attire is required (ex: no open toed shoes, no t-shirts).
3. Approval is for the one specified time listed above.
4. The carrying of firearms is not permitted (ex: certified cops with concurrent Fredericksburg jurisdiction).
5. Citizens may ride no more than once in a six-month period.

I further understand that I may be privy to confidential information during my ride-along and that I am not permitted to discuss this information during or after my ride-along. I further give permission for the Fredericksburg Police Department to check my criminal history.

Signature of Requestor: _____ Date: _____

Records Section

Photo ID Checked [ ] Copy of Photo ID attached to paperwork [ ] CCH attached [ ]

Waiver attached and signed [ ] Copy of Waiver provided to requestor [ ]

Patrol Division Commander, or designee

CCH [ ] LInX [ ] RMS [ ] Request is [ ] Approved [ ] Denied

The citizen named above is authorized to ride _____ hours on the date of _____

Notes/Special Requests: _____

Authorizing Signature: _____

Citizen notified on _____ at _____ am/pm.

FREDERICKSBURG POLICE DEPARTMENT

RIDE-ALONG REQUEST & WAIVER

I, _____, on my own behalf for and in consideration of the authorization and permission to accompany an officer of the Fredericksburg Police Department during the course of their duties, which may be granted to me upon my request, and after having been fully advised of the potential hazards of such activity, do hereby **waive and release** all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next-of-kin or representatives might otherwise have against the City of Fredericksburg, the Fredericksburg Police Department, each and every officer, official, member, employee and agent thereof, in the event of my death or injury, both to person and to property, whether foreseeable or not, which may occur directly or indirectly, or develop at any time in the future as a result of my activities or association with the Fredericksburg Police Department, whether in a police vehicle, in the police facility or annexes, or otherwise associated with the Fredericksburg Police Department and officers and officials thereof in any manner whatsoever, during my presence as an authorized observer.

I hereby declare that the terms of this **waiver and release** have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me, I hereby promise and agree to fully comply with all lawful instructions and directions given to me by an officer of the Fredericksburg Police Department.

Signature: _____ Date: _____