

**City of St. Johns Police Department
Citizen Ride-Along Request Form**

Dear Sir:

I would like to ride along on _____, accompanying
Officer _____,
for the following reason: _____

I have read and signed the release form and I understand the provisions

Name: _____ Date of Birth: _____ SSN: _____

Address: _____

Telephone Number: _____ Best time/day to contact: _____

Signature of Applicant Date

Parent or Guardian (if rider is a juvenile)

From: Chief of Police
To: Officer
Subject: Authorization for Ride-Along

Request is: Approved Disapproved

Observer Authorized to ride _____ on _____
(hours) (date)

With Officer _____

**City of St. Johns Police Department
Waiver and Release**

KNOW ALL MEN BY THESE PRESENT, that I _____, on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the department during the course of their or his duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, 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, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the City, the police department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the police department, whether in a police vehicle, in the police station, or otherwise in association with the police department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the police department during: _____.

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.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the police department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property, and authorize the St. Johns Police Department to conduct a criminal background check.

This waiver must be approved by the Chief of Police:

Signature

Parent/Guardian (if Signee is a juvenile)

Witness