

RIDE-ALONG APPLICATION/ LIABILITY WAIVER

Part 2 of 2

Liability Waiver

I, (participant) _____ hereby release the City of Wilmington, N.C.
(Print Name)

and any member of the Wilmington Police Department, from any and all liability, directly or indirectly arising out of my riding in a police vehicle with a police officer of the City of Wilmington, NC. I authorize the Wilmington Police Department to complete a criminal history check prior to my ride-along.

Witnessed by WPD Personnel Only _____

Participant Signature: _____

Date: ____/____/____

You may return this form to: Wilmington Police Department
615 Bess Street
Wilmington, NC 28401
(910) 343-3600

Liability Waiver (Juveniles)

(Complete paragraph below ONLY if under 18 years of age)

I, (parent / guardian) Print full name _____ of (Participant)
(Print full name) age, _____, do hereby release the City of Wilmington, NC and any

member of the Wilmington Police Department from any and all liability, directly or indirectly arising out of my riding in a police vehicle with a police officer of the City of Wilmington, NC. I authorize the Wilmington Police Department to complete a criminal history check prior to my ride-along.

Parent /Guardian Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

AOC /CH Check Date Complete: ____/____/____ DCI Clerk: _____

Approval by Crime Prevention Staff: _____ Date: ____/____/____

Reason for Denial: _____ Date: ____/____/____

Officer Performing Ride-Along

Print Name: _____ Signature: _____

Date of Ride-Along: ____/____/____ Time of Ride-Along: _____