

McCall Police Department

550 Deinhard Lane, McCall, ID 83638 Telephone: (208)634-7144 or Fax: (208) 634-7983

Request for Permission to Ride in Police Vehicle

Form: MPD-016

WAIVER OF LIABILITY								
Name – Last, First, Middle Initial:	Date of Birth:	Social Security Number:	Driver's Licens	se Number:	State:			
Physical Address – City, State, Zip Code:	ddress - City, State, Zip Code: Mailing Address - City, State, Zip Code:		Phone Number:					
I request permission to ride as a passenger that dangers inherent in police work may of high-speed pursuits, traffic control and entirearms are discharged by or against the conly as representative and not all-inclusive. Your basic role as a ride-along is to: Remain in or return to the p death etc.; Comply with all directions goes a not operate equipment of permission; Be an observer. Do not becondirected to do so.	occur while I am forcement, road I operator of the M e. olice vehicle dur given from law e r police vehicle u	a passenger in a McCall I plocks, transporting prisor cCall Police Department of the prison of the p	Police Departmeners, and situation wehicle. These exituations; i.e., y personnel; s an issue, or you	ent vehicle, such that the consideration of the constant of th	ch as ich ntended crimes,			
I understand as a participant in the Ride-A prior to participation.	llong Program, I	may be subject to a comp	lete criminal ba	ckground inve	estigation			
I agree to be suitably dressed in a collared ripped or torn blue jeans are not permitted ball caps will not be worn in McCall Police	. Excessive amo	unts of earrings, jewelry o						
By my signature, I declare I am at least 18								

agents or employees, jointly and individually from all civil liability. I, for myself, my assigns, heirs, executors and administrators, generally and specifically waive, revise and forever discharge and release the City of McCall, McCall Police Department, its agents and employees, for all claims (including court costs and attorney fees), several or otherwise, past, present, or future, which can ever be asserted arising out of any injuries or damage, mental or physical (including death), sustained by me, within or without the vehicle, while participating as a voluntary rider in a McCall Police Department vehicle.

Signature:	Date:				
Emergency Contac	t:				
	Name:	Address:	Phone	Phone number:	
SUPERVISOR	R APPROVAL:				
McCall Po		d individual has been advised tour of duty with the McCall I understands such risks.			
with the b		has been granted permission to			
Supervisor:	A	ssigned Officer:			
Parmission t	o Rida in Polica V	Zahiela:	Annroyed	Denied	
Permission t	to Ride in Police V	'ehicle:	Approved	Denied	