



WILSON'S MILLS POLICE DEPARTMENT PUBLIC SAFETY RIDE-ALONG PROGRAM

I, _____, for and in consideration of the opportunity to ride with and observe a law enforcement officer of the Wilson's Mills Police Department in the performance of his/her duties, do hereby agree as follows:

I acknowledge and understand that by participating in a Ride-Along, I am exposing myself to all risks normally associated with police work, including but not limited to the uses of weapons and firearms, motor vehicle collisions, the acts and forcible resistance of criminal suspects, civil disturbances, explosion, electrocution, the escape of radioactive substances, the effects of wind, rain, fire and gas, and vehicular collision, and I freely and voluntarily assume all of said inherent risks, whether or not they are listed above.

I agree to abide by said rules and regulations and to follow all instructions of any WMPD officer, including but not limited to exiting the WMPD vehicle, remaining in or moving towards a location. I further understand that permission granted to ride in a patrol vehicle may be revoked at any time by decision of the patrol officer operating the patrol vehicle, or by any supervisory or command officer.

I hereby waive for myself, my heirs, executors, administrators, or assigns, any and all claims, demands, actions or causes of action, against the Town of Wilson's Mills, its officers, agents and employees, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while I am riding in Departmental vehicles, observing any operation, or participating in this program in any other manner.

This agreement holds harmless the Town of Wilson's Mills, its officers, agents, and employees for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.

WMPD RIDE-ALONG AGREEMENT-

I have read and understand the above conditions for participation and agree to abide by same.

Signature of Participant

Witness

Date

Print Full Name: _____

Home address: _____ **City:** _____
State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Date of Birth:**

Driver's License Number: _____ **State of Issuance:** _____

To Be Completed by WMPD Supervisor

Officer Assigned: _____ **Car Number:** _____

Date and Start Time: _____

Scheduled End Time: _____

Supervisor: _____ **Date:** _____