Officer Submitting Waiver: _____ I-____

SWINOMISH POLICE DEPARTMENT
RIDE ALONG PROGRAM
WAIVER OF LIABILITY

Name: _____
last first middle

Address: _____

Date of Birth: ____-____-____ Soc. Sec. No: _____-_____-_____

DOL#: _____/ _____ Home Phone:( ) _____-_____
Driver's License State

Date of Requested ride along: ____-____-____ Time: from _____ to _____

Reason for ride along: _____

Note: All portions of waiver must be completed to be accepted for review. The completed waiver must be forwarded to the Chief of Police for review five (5) working days prior to date of requested ride along.

Waiver of Liability

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Swinomish Police Department by riding in a vehicle operated by members of the police and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Swinomish Police Department, it's tribes, their officials, officers and all other personnel of the Swinomish Tribal Community, inc. from any and all liability whatsoever for any injuries, damages and claims the undersigned, his/her heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Swinomish Police Department.

IN WITNESS WHEREOF and, intending to be legally bound thereby, the undersigned states by signing this waiver of liability, the undersigned has read the above Waiver of Liability and agree to its terms.
Signed this _____ day of _____, 200____ on the Swinomish Indian Reservation, Skagit County, Washington.

Signed: _____

The signature of a parent or guardian is required for those guests or observers under 18 years of age.

_____ _____
Printed Name: Parent / Guardian Signature: Parent / Guardian

Ride Along approved / _____ / ____-____-____ Initials Date	Ride Along denied / _____ / ____-____-____ Initials Date
CRIMINAL HISTORY CHECK _____ checked by _____ Date _____	
	9/09