



CITY OF WAYNESBORO

POLICE DEPARTMENT

250 SOUTH WAYNE AVENUE
SUITE 102 BOX 3
WAYNESBORO, VIRGINIA 22980-4622

WAYNESBORO POLICE DEPARTMENT RIDE-ALONG APPLICATION

Application must be submitted within a reasonable time before the ride along date. Applicant may only ride once in a 12 month period. You will be notified upon approval or disapproval by the Chief of Police or his/her designee. Each application will be considered individually based on its own merits.

PLEASE FILL IN THE BELOW INFORMATION FOR THE PURPOSE OF A CRIMINAL HISTORY RECORD CHECK. POSITIVE CRIMINAL HISTORY COULD RESULT IN NONPARTICIPATION IN THE PROGRAM:

Name: _____
Last First Middle

Address: _____
Street/Mailing City/State/Zip

Date of Birth: _____ Social Security #: _____

Race: _____ Sex: _____

Daytime Telephone: _____ Evening Telephone: _____

Reason for wanting to ride with Police: _____

Email Address: _____

Date you want to ride: _____ Daylight or Evening Shift: _____

Officer you wish to ride with: _____

Approved By:

Chief of Police or designee: _____

Date: _____



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Agreement Assuming Risk of Injury or Damage Waiver & Release of Claims & Indemnity Agreement

I _____, age _____, have made a voluntary request to ride as a guest in a vehicle assigned to the Waynesboro Police Department and to accompany a member or members of the Police Department during the performance of their official duties. Appropriate dress is required: No jeans, t-shirts, tennis shoes or shorts.

In consideration of the permission given to me to participate in a ride-along program, I do hereby agree:

1. That I am aware that the work of the Waynesboro Police Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Waynesboro Police Department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, or the escape of radioactive substances while accompanying a member or members of the Police Department during the performance of their official duties.
2. That the City of Waynesboro, Michael D. Wilhelm, Chief of Police for the City of Waynesboro, his sureties, all members of the Police Department of Waynesboro, Virginia, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or to my property, incurred while riding in any vehicle assigned to the Waynesboro Police Department or while accompanying any member or members of said Department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Waynesboro Police Department.
3. For myself, my heirs, executors, administrators and assigns, to release, indemnify, protect, defend and hold the City of Waynesboro, the Waynesboro Police Department, and all officers, employees, supervisors and others employed by said City or Department, harmless from all liability, obligations, losses, claims, demands, damages, actions, suits, proceedings, costs and expenses, including attorney's fees, of any kind or nature whatsoever, whether suffered, made, instituted or asserted by me, my heirs, executors, administrators and assigns, or by any other entity, party or person for any personal injury to or death of any person or persons and for any loss, damage or destruction of any property, whether owned by City of Waynesboro or not, arising out of, connected with, or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claim of negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned to the Waynesboro Police Department or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.



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I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

SIGNATURE

PRINT NAME

DATE

PARENT OR GUARDIAN SIGNATURE

PRINT NAME

DATE

PARENT OR GUARDIAN MUST SIGN ACKNOWLEDGING CONSENT