

Village of Campton Hills Police Department
POLICE RIDE-ALONG PROGRAM

APPLICATION

Please Print or Type:

Name: _____
 First Middle Initial Last

Address: _____

Telephone: _____ DLN Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ DLN State _____
 Month Day Year

Name of Officer, day of week and hours requested:

First choice _____

Second choice _____

Third choice _____

State fully the reason this ride-along is being requested:

Note: Participation is subject to community activity and manpower. Your participation at a scheduled time and date may be subject to cancellation without notice.

Applicant's signature: _____ Date _____

FOR OFFICE USE ONLY

Accepted _____ Rejected _____

Reason: _____

Date & Time Assigned _____

Notification: _____

Chief of Police _____ Date _____

Village of Campton Hills Police Department
POLICE RIDE-ALONG PROGRAM

RELEASE AND WAIVER OF LIABILITY

For the consideration of the Village of Campton Hills Police Department extending me, at my request, the opportunity of participating in the Police Ride-Along Program, I hereby assume all risk of personal injury, death, property damage, and any other loss I may sustain in and about any patrol car, and any other way arising out of the program, and I hereby release the Village of Campton Hills, its Officials, Police Department, Police Officers, and all other personnel from any and all liability whatsoever for personal injury, death, property damage, and any other loss I may sustain in and about any patrol car, and in any other way arising out of the program.

I further agree to indemnify and hold harmless the Village of Campton Hills, its officials, Police Department, Police Officers, and all other personnel from any and all claims, demands, or actions arising out of personal injury, death, property damage, or other loss to me in and about a patrol car and in any other way arising out of the program.

It is my intent that the assumptions of risk release and hold harmless herein described are binding upon heirs, executors, and administrators.

IN WITNESS WHEREOF, I have here unto set my hand and seal at Campton Hills, Kane County,

Illinois, this _____ day of _____ in the year _____.

Please Note: Participation is subject to community activity and manpower. Your participation at a scheduled time and date may be subject to cancellation without notice.

Signature

By: _____

Title: _____

Witnessed