

**CLATSKANIE POLICE DEPARTMENT
RIDE ALONG WAIVER**

I, _____ have requested and received permission to ride as an observer with the Clatskanie Police Department, because _____ . In doing so, I waive any right to file a claim for injuries against the police department or City of Clatskanie that could be incurred while riding as an observer. As a ride along, I agree to allow the Clatskanie Police Department to do a records check on myself and deny me the right to ride along should they find something undesirable in this records check.

Further, I will comply with all instructions given by the officer in charge while I am a passenger.

I have read and fully understand the above statement:

DATE: _____ **TIME:** _____

SIGNED: _____

PRINTED NAME: _____

PARENTAL APPROVAL if under 18 yrs of age: _____

WITNESSED BY OFFICER: _____

DATE OF RIDE ALONG: _____

TIME: _____ **TO** _____

Approved by:

Chief Marvin Hoover or designated representative