

HOFFMAN ESTATES POLICE DEPARTMENT
GUEST PASSENGER/RIDE-ALONG PROGRAM

I request to participate in the ride-along/high school education program on:

_____ / _____ / _____
Date(s) Watch Officer

Requestor's Name _____ Birth Date _____
Please Print

Social Security Number _____

Age (if a minor) _____ School _____

Home Address _____

Home Phone _____

Reason for Request _____

WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Hoffman Estates Police Department, and by riding in a vehicle operated by members of the Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Village of Hoffman Estates, its officials, officers, and all other personnel of the Village of Hoffman Estates from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependents, and assigns may sustain in and about any patrol vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Hoffman Estates Police Department.

I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature and Date

Parent/Guardian Signature (if under 18) and Date

HOFFMAN ESTATES POLICE DEPARTMENT

Received/witnessed by: _____

Approved / [Denied] by: _____

NO CQH []
CQH attached []
Operator Initials []
Date: _____