



Waiver of Liability Form

ALL CITIZEN OBSERVERS (Ride Alongs) WILL COMPLETE THIS FORM.

PHOTOCOPY OF DRIVERS LICENSE OR ARIZONA IDENTIFICATION CARD	PHONE
If juvenile (14-17) has no license, document the following information: Name	REASON FOR REQUEST
Address	DAY OF WEEK AND TIME REQUESTED
Date of Birth	BUSINESS – ORGANIZATION - SCHOOL
	DO YOU HAVE A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE:

In consideration of my being permitted to ride with an officer of City of Maricopa Police Department, I hereby release and agree to hold harmless the said City of Maricopa, its employees, and its agents from any and all liability for any damage or injury which I may receive while riding in its motor vehicles or received accompanying City of Maricopa police officers or employees from any cause whatsoever. This release of liability and agreement given by me to the City of Maricopa, its employees, and its agents shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives. Further I agree to assume all risks in riding in the said City of Maricopa Police Department vehicles and in accompanying its officers and am fully aware personal danger may be involved.

I understand that the privilege of riding with an officer or observing in a police building is contingent upon a positive background check. Refusal of this background check will result in immediate disqualification from the program. Applicants must be **at least 14** years of age. If the applicant is a juvenile, both the applicant and his/her parent/guardian/legal custodian will be required to consent to the background check and ride along.

Date: _____ Signature: _____
(To be signed in employee's presence)

Witness: _____
(Witnessing employee's signature)

I, the parent, guardian, or legal custodian of the minor signing above, do hereby consent to the above waiver and background check and agree to the terms stated above.

Date: _____ Signature: _____
(to be signed in employee's presence)

Witness: _____
(Employee' witnessing signature)

DL: _____

Verified DL? Yes No

Approvals: Records Check: OK to ride Yes No _____ Empl. ID _____

Sergeant ID# _____ Date _____

Lieutenant ID # _____ Date _____

If the applicant is a juvenile (except immediate family member or explorer), special permission from the Police Chief must be obtained.

Police Chief _____ Date _____

POLICE DEPARTMENT USE ONLY – After-Action Officer Report				
DATE	HOST OFFICER	SERIAL #	DATE OF TOUR	TIME OF TOUR
COMMENTS				
Allowed to ride again? <input type="checkbox"/> Yes <input type="checkbox"/> No				
RETURN TO PROFESSIONAL DEVELOPMENT WHEN COMPLETED.				



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Maricopa Police Department

Ride-Along Request Background Check

Requestor Name: _____

Requestor Address: _____

Requestor Phone: _____

Requestor DOB: _____

Waiver of Liability Completed Yes No

Waiver of Liability Attached Yes No

Wants/Warrants Completed Yes No

Clear Yes No

NCIC/ACIC Completed Yes No

Clear Yes No

No MPD Records of contact with the listed person

There is a record of the following contacts:

Case Number	Date of Report	Case Type	Party Relationship	Active	Closed
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Background Completed/Date: _____