



ELWOOD POLICE DEPARTMENT WAIVER AND RELEASE OF LIABILITY

In exchange for the opportunity to observe and participate in the authorized operations of the Village of Elwood Police Department, which activity may place me in a position of danger, the undersigned agrees to:

1. release and waive any and all claims, causes of action, or other means of legal recourse that the undersigned may have against the Village of Elwood and its officials, agents, and employees that may arise from or be caused by my participation in the authorized operations of the Police Department;
2. indemnify, hold harmless, and defend the Village of Elwood and its officials, agents, and employees for any and all claims, causes of action, or other means of legal recourse that may arise from or be caused by my participation in the authorized operations; and
3. covenant not to sue the Village of Elwood and its officials, agents, and employees and its officials, agents, and employees for damages that may arise from or be caused by my participation in the authorized operations.

By signing this document, the undersigned acknowledges that he/she is not and will not be acting as an employee or agent of the Village of Elwood and is specifically waiving, in addition to the waiver set forth above, any right to worker's compensation benefits. The undersigned further acknowledges that the release, waiver, hold harmless, and covenant not to sue shall be binding on the undersigned's heirs and personal representative. The undersigned further acknowledges that permission to observe and participate in authorized operations is terminable at the will of any Village official, agent, or employee without notice or formal process and that this release and hold harmless shall be applicable whenever the undersigned is observing or participating in authorized operations.

The undersigned acknowledges that the execution of this release is done as a free and voluntary act.

Dated this _____ day of _____, 20_____.

FIRST NAME		LAST NAME	
ADDRESS			
CITY		STATE	
DATE OF BIRTH	AGE	PHONE NUMBER	
OCCUPATION OR SCHOOL			
SIGNATURE			
OFFICER ASSIGNED			
CHIEF APPROVAL			

Our greatest strength is our partnership with the community



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APPLICATION/REQUEST FOR RIDE-A-LONG

I am requesting to ride with a Police Officer on the following date(s) and time(s):

(1) _____, _____, _____ between the hours of _____ a.m./p.m. to _____ a.m./p.m.

(2) _____, _____, _____ between the hours of _____ a.m./p.m. to _____ a.m./p.m.

I want to accompany an Officer for the following reason(s):

{Answer the following questions 'Yes' or 'No'}

Are you a US Citizen? _____ If not, explain:

Have you ever been convicted of a felony or crime of violence? _____ If so, explain: _____

Do you have any life threatening disease or serious health needs? _____ If so, explain:

Do you have any mental illness? _____ If so, explain:

{This portion to be filled out by the Department's Administration}

This request has been [] Approved [] Disapproved Date: _____

Signed: _____ Chief of Police or Commander

Observer is authorized to accompany a Duty Officer beginning on _____, _____ and _____

expiring on _____, _____, _____

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