

**RELEASE FROM LIABILITY & INDEMNITY AGREEMENT
AND CRIMINAL HISTORY CONSENT
(PATROL VEHICLES)**

I, _____, (print full name) Address _____
_____,
race/sex, ____/____, SSN# _____, DOB _____, Phone
_____, being 18 years of age or older, in consideration of my
being able to ride in a patrol vehicle belonging to the City of LaGrange and
which is assigned to the City of LaGrange Police Department and my being
allowed to accompany members of the City of LaGrange Police Department on
patrol or other police activities, do hereby agree as follows:

- a. That I, for myself, heirs, assigns and legal representatives, release,
discharge and covenant not to sue or make a claim against the City of
LaGrange, Georgia, the LaGrange Police Department, or any of its
agents, officers or elected officials, as a result of and for any
injury or damage to person or property which may result from riding in
a patrol vehicle or participating in the above-named activity.
- b. That I agree to indemnify the City of LaGrange, Georgia, the City of
LaGrange Police Department, and their agents and employees for any loss
sustained by them as a result of any damage or injury caused by me.
- c. That this agreement shall remain in effect until cancelled in writing
to the City of LaGrange Police Department by myself or another adult
with authority to do so.

I hereby request and authorize the LaGrange Police Department to receive
Criminal History Record Information on me, which may be in the files of any
state or local criminal justice agency as a condition for permission to ride
in any police vehicle.

Signed on the _____ day of _____, 20____.

Witness

Participants Signature

Permission is granted for the above named individual to ride in vehicles
assigned to the City of LaGrange Police Department and to accompany members
of the department on patrol and other police related activities.

Chief of Police

Date

Citizen Ride-Along Request

I would like to ride with an officer of the LaGrange Police Department for the following reasons:

_____. I have read and signed the release form and I understand the provisions and liabilities. I understand that because of the nature of patrol functions that I maybe in greater risk of receiving an injury due to a physical encounter or from being involved in a traffic accident. I understand and agree that I may not be allowed to accompany officers on certain types of calls. I understand that I may be asked to exit a patrol vehicle at a safe location and wait for the officer to return or another officer to escort me back to the LaGrange Police Department.

If you are approved to ride with a LaGrange Police Department officer you must adhere to the dress code. All riders are required to dress in casual business attire (examples: slacks, khaki pants, collared shirt). Ride Alongs must be scheduled at least 7 days in advance. This may be accomplished by contacting the police department at 706-883-2603. When you arrive at the police department to ride along you must first sign in with the Support Clerk in the lobby of the police department, who will notify the on-duty supervisor.

Name: _____

Telephone: _____

Best time to call: _____

(Signature)

(Please Print Name)

(Date)

This request will only be valid for 3 months from the date listed above. If you do not ride within that time period a new request must be submitted.

Revised: 080613