



WINTER SPRINGS POLICE DEPARTMENT

Rider Release Form

In consideration of the privilege being granted me by the City of Winter Springs to be a passenger in a police car. I _____ hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am approaching, entering, boarding, riding, being on, disembarking from, or leaving, or, being about any vehicle or property of the City of Winter Springs. While I am using, intending to use, or have used this privilege I release the City of Winter Springs and its agents, including the Chief of Police, Kevin P. Brunelle, or his officers, employees, agents and servants from any such liability. Therefore or for contribution as a joint tortfeasor therefore, and will indemnify and save harmless said Chief of Police, Kevin P. Brunelle, or his officers, employees, agents and servants from any such liability, while using this privilege. This privilege can be denied or terminated for any or no cause by the assigned officer, Supervisor, Watch Commander or Chief of Police at any time in the sole discretion of a Winter Springs Police official.

It is understood and agreed by me that the privilege granted me to ride in a Winter Springs Police Patrol vehicle shall only be exercised by me after I make specific arrangements with the Chief of Police or his authorized representative on days I plan to ride as an observer.

I hereby declare that I will not possess, take or carry any firearms/weapons while participating in the ride along program regardless of any permits or licenses authorized.

PROVIDE FULL AND COMPLETE INFORMATION:

APPLICATION DATE _____

NAME OF RIDER _____

RESIDENTIAL ADDRESS (No P.O. Boxes) _____

CITY/STATE/ZIP _____

RESIDENCE PHONE _____ WORK PHONE _____

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH ____/____/____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____

DATE REQUESTING TO RIDE ____/____/____ REQUESTED TIME TO RIDE _____

APPLICANT'S SIGNATURE

L.E.O. OR WITNESS

SUPERVISOR APPROVAL/DISAPPROVAL _____

WATCH COMMANDER APPROVAL/DISAPPROVAL _____

HISTORY/WARRANT CHECK YES NO TELETYPE OPERATOR _____

(COMMUNICATIONS OPERATOR WILL ATTACH A COPY OF QUERY TO BACK OF THIS FORM)

DATE AND TIME COMPLETED RIDE ALONG _____