# ELGIN POLICE DEPARTMENT
# Adult Observer Ride-Along Form

Observer can ride once a year, for a maximum of four (4) hours, between the hours of 6:30a.m. through 10:45p.m. The Elgin Police Department reserves the right to deny this opportunity to any individual. Any untruthful information provided is grounds for automatic denial; a criminal history will be completed. During the ride-along, everything you see & hear must be kept completely confidential. You may not discuss any names, addresses or specific incidents with anyone other than the officer with whom you are riding. This form may be submitted electronically using the "submit" button located at the bottom of this form, via fax (847) 289-2950 or mail to 151 Douglas Avenue, Elgin, IL 60120.

Full legal name: _____ Date of birth: _____

Full address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Drivers license number: _____

Employer: _____ Reason for ride: _____

Have you ever been arrested? ☐ Yes ☐ No

If yes, explain when and for what: _____

List all felony & misdemeanor convictions: _____

Home phone: _____ Cell phone: _____

Emergency contact name: _____ Relationship: _____

Availability (Applicants are encouraged to specify more than one day/time frame.)

Days you are available: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.

Time frames: ☐ 6:30a.m.-10:30a.m. ☐ 10:30a.m.-2:30p.m. ☐ 2:30p.m.-6:30p.m. ☐ 6:45p.m.-10:45p.m.

## Waiver of Liability - Observers in Elgin Police Department Vehicles

For and in consideration of the undersigned being given the opportunity of observing police operations of the city of Elgin, Illinois, a municipal corporation, (hereafter referred to as "city"), by being permitted to ride in a patrol car, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, (hereafter referred to as "rider"), hereby agrees, as follows:

1. Rider recognizes and understands that riding along with police officers in a police patrol vehicle is an inherently dangerous and hazardous activity, and may subject the rider to great bodily harm, including, but not limited to severe bodily injury and death.
2. Rider hereby releases, waives, holds harmless and indemnifies city, its officials, officers, employees, agents and volunteers from and against any and all claims for damages, suits, causes of action, and any and all other liability of whatsoever nature, including, but not limited to any such liability which may otherwise accrue in favor of rider's heirs, dependants and assigns, arising out of or in connection with riders accompanying city police officers in a police vehicle.
3. Rider hereby warrants and represents that he/she is fluent in the English language; has read and fully understands this waiver; is at least 18 years of age; and is not currently under the influence of any medication, alcohol or otherwise subject to any mental condition which may impair his/her ability to understand the nature or meaning of this waiver.
4. The provisions of this waiver shall be severable. In the event any of the terms or provisions of this waiver are deemed to be void or otherwise unenforceable for any reason, the remainder of this waiver shall remain in full force and effect.
5. I further understand that no hospitalization, health or accident insurance is provided with the resignation and waiver.

*Waiver signature to be completed at the police department in the presence of the officer assigned to the ride-along.*

**IN WITNESS WHEREOF,** the undersigned has affixed his/her signature at Elgin, Illinois this:

_____ day of _____, _____. _____

Month Year Observer's Signature

Copy of D/L or photo ID attached: ☐ Yes ☐ No Identification confirmed by assigned officer: ☐ Yes ☐ No

Processed by CR/CP Specialist _____ Date/time of ride _____ Assigned officer name & badge number _____

Submit