

**ORO VALLEY POLICE DEPARTMENT
CITIZEN OBSERVER PROGRAM WAIVER OF LIABILITY**

In consideration of my being permitted to ride upon the motor vehicles of the Oro Valley Police Department, I hereby release and agree to hold harmless the Town of Oro Valley, its employees and agents, from any and all liability for damage or injury I may receive while riding upon said motor vehicles or received while accompanying Oro Valley Police Department employees from any cause whatsoever. This release of liability and agreement given by me to the Town of Oro Valley, its employees and 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 said Oro Valley Police Department Vehicles and in my accompanying its officers and employees and I am fully aware personal Danger may be involved.

SIGNATURE _____

DATE _____

LAST FIRST MIDDLE DATE OF BIRTH

HOME ADDRESS PHONE# HANDICAP

OFFICER REQUESTED DATE SHIFT TIMES

SUPERVISOR APPROVAL _____

If the applicant is under the age of 18 years old, special permission of the chief of Police must be obtained and the following completed

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

PARENT SIGNATURE _____

DEPARTMENT USE ONLY

29NEG _____ DATE _____ BADGE _____

OFFICER BADGE# DATE/TIME OF RIDE

Officers Comments:

ORO VALLEY POLICE EXPLORER POST #11
RIDE ALONG REQUEST FORM

I, _____, would like to ride on this date, _____,
from these times _____, with officer, _____.

EXPLORER OFFICER USE ONLY

Does the requesting Explorer have 20 hours of service?

YES NO

Ride along approved by, Sgt. _____ YES NO

I, Officer _____, agree/disagree, to participate in the above
stated ride along date.

➤ Please place in Explorer box, located on the civilian mailbox wall. Thank you!

