



# CAPE CORAL POLICE DEPARTMENT REQUEST TO RIDE WITH OFFICER

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle/Maiden

SS #: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City State Zip Code

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER/:  
ORGANIZATION NAME ADDRESS CITY STATE ZIP CODE

REASON REQUESTED: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ SHIFT REQUESTED: \_\_\_\_\_

Do you have any physical or mental conditions, which might hinder your participation in this program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a description of the condition (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who may we contact in the event of an emergency during your Ride-Along?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL REQUESTS SHALL BE RECEIVED AT LEAST FIVE (5) BUSINESS DAYS (EXCLUDING WEEKENDS AND HOLIDAYS) BEFORE THE DATE OF THE RIDE-ALONG.**

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### WAIVER OF LIABILITY

(MUST BE SIGNED BY PARTICIPANT AND SWORN AND ATTESTED TO)

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Cape Coral Police Department by riding in a car or boat operated by members of the Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Cape Coral, its officials, officers, and all other personnel of the City of Cape Coral from any and all liability whatsoever for any injuries, damages and claims the undersigned, his heirs, dependents and assigns may sustain in and about any patrol car or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Cape Coral Police Department.

I certify that I am aware of the potential risk involved in accompanying a Police Officer during the performance of his or her duties and possess sufficient skills, coordination and physical fitness to safely participate in the Ride-Along Program. I affirm that I have read and understand the above Waiver of Liability and understand

