

CAPE CORAL POLICE DEPARTMENT REQUEST TO RIDE WITH OFFICER

	NAME:			DATE:					
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ALL REC	QUESTS	SHALL BE		ST FIVE	(5) E	BUSINESS	DAYS (EXCLUDING		

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

that I am giving up my right to sue the City of Cape Coral in case of injury due to the inherent risks of the Ride-Along or due to negligence of a member of the Cape Coral Police Department; and voluntarily signing the waiver and participating.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Police Department in connection with the Ride-Along Program.

SIGNATU	JRE:				
RIBED before me t	this	day of _		, 20	
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Communications Supervisor Signature:				_ Date:	
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