APPROVAL FOR RIDE-ALONG FOR PERSONS NOT EMPLOYED BY THE CITY OF CHICAGO CHICAGO POLICE DEPARTMENT

TO:	DISTRICT	/UNIT	FROM:			
APPROVAL TO P	PARTICIPATE IN THE "RID	E- ALO	NG' 'PROGRAM IS HE	EREBY	GRANTED TO	 O:
NAME		HOME ADDRESS				
OCCUPATION		ORGANIZATION				
ON (DATE)		FROM		LIDO	ТО	LIDO
SIGNATURE - AUTHORIZING UNIT COMMANDING OFFICER		TITLE		HRS.		HRS.
ISSUING UNIT NAME & NO.		PAX/BEI	.L		DATE	
CAMERAS AND/OR TAPE RECORDER			IOT ALLOWED IN PO	LICE V	EHICLES	
	AIVER BELOW MUST BE				_	
	WAIVER C)F LI	ABILITY			
In consideration of the undersigned being given the opportunity of observing police operations and functions of the Chicago Police Department by riding in any vehicle, operated by members of the Police Department and by any and all other means of observation, the undersigned voluntarily agrees as follows:						
1. The undersigned is aware that police work is inherently dangerous and by voluntarily participating in the Chicago Police Department's Ride-Along Program, the undersigned may be exposed to many risks associated with police work, including but not limited to, interacting with violent or armed suspects, traveling at a high rate of speed, and experiencing emotional trauma. The undersigned expressly assumes these and all other risks associated with police work.						
2. The undersigned understands that while participating in the Ride-Along Program, the undersigned is merely an observer of police activities and agrees to refrain from interfering with any and all of the police officer's duties and assignments. The undersigned also agrees to refrain from engaging in any behavior that might endanger the lives and safety of himself or herself, the police officers, or any other persons.						
 The undersigned agrees to release Chicago from any and all liability, whet for any claims of injury, damage, death heirs, dependents, and assigns. 	ther or not there is negligen	ice on th	e part of the City of Cl	hicago,	its officials, off	ficers, or personnel,
The undersigned further understan whether an activity is suitable for the understant.					re not respons	sible for determining
PAI	RTICIPANT'S SIGNATURE:					
	DATE:					
AUTHENTICATED: CHICAGO POLICE DEPA BY: SIGNATURE - WITNI			_			
SIGNATURE - WITN						
APPROVED:			_			

THE SIGNED, AUTHENTICATED WAIVER MUST BE RETURNED TO THE ISSUING UNIT.