

**APPROVAL FOR RIDE-ALONG FOR CITY OF CHICAGO EMPLOYEES**  
**CHICAGO POLICE DEPARTMENT**

TO:	DISTRICT/UNIT	FROM:
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**APPROVAL TO PARTICIPATE IN THE "RIDE- ALONG" 'PROGRAM IS HEREBY GRANTED TO:**

NAME	HOME ADDRESS		
OCCUPATION	ORGANIZATION		
ON (DATE)	FROM	HRS.	TO HRS.
SIGNATURE - AUTHORIZING UNIT COMMANDING OFFICER	TITLE		
ISSUING UNIT NAME & NO.	PAX/BELL	DATE	

**CAMERAS AND/OR TAPE RECORDERS ARE NOT ALLOWED IN POLICE VEHICLES**

**THE WAIVER BELOW MUST BE SIGNED BY THE PARTICIPANT AND  
AUTHENTICATED BY COMMAND PERSONNEL BEFORE RIDE-ALONG.**

## **WAIVER OF LIABILITY**

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.
3. The undersigned further understands that the City of Chicago, its officials, officers, and personnel are not responsible for determining whether an activity is suitable for the undersigned: the undersigned must make this determination.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUTHENTICATED:**  
**CHICAGO POLICE DEPARTMENT**

**BY:** \_\_\_\_\_  
**SIGNATURE - WITNESS**

**APPROVED:** \_\_\_\_\_

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