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

TO:	DISTRICT/UN	NIT	FROM:		
APPROVAL TO PARTICIPA	ATE IN THE "RIDE-	· ALON	IG' 'PROGRAM IS HEI	REBY GRANTED	TO:
NAME		HOME ADDRESS			
OCCUPATION		ORGANIZATION			
ON (DATE)		ROM		ТО	LIDO
SIGNATURE - AUTHORIZING UNIT COMMANDING OFFICER		TLE	F	IRS.	HRS.
ISSUING UNIT NAME & NO.		AX/BELI	L	DATE	
CAMERAS AND/OR TAPE RECORDER		ARE N	OT ALLOWED IN POL	LICE VEHICLES	
			BY THE PARTICIPAN		
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.					
<ol> <li>The undersigned understands that while pa activities and agrees to refrain from interfering agrees to refrain from engaging in any behavior other persons.</li> </ol>	with any and all of	the po	olice officer's duties an	nd assignments.	The undersigned also
The undersigned further understands that the whether an activity is suitable for the undersigned.					onsible for determining
The undersigned acknowledges that a name consents to the same.	e/warrant check wil	l be co	onducted prior to partic	sipation in the Ric	le-Along Program and
PARTICIPANT	'S SIGNATURE:				
	DATE:				
AUTHENTICATED: CHICAGO POLICE DEPARTMENT					
BY:SIGNATURE - WITNESS			_		
APPROVED:					

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