North Fond du Lac Police Department

Rider Liability Waiver Form

Please Print

_____

Last Name First Middle Birth Date

_____

Address Telephone Number

_____

City State Zip Code Ride Along Date/Shift Preference

_____

Profession/Occupation Officer Preference to Ride With

_____

Reason for Ride Along

_____

_____

_____

Rider's Comments

_____

_____

_____

Officer's Duties - Patrol Investigations Supervision

_____

I, _____, request to ride along with an officer of the North Fond du Lac Police Department on the date indicated above.

I release and discharge the Village of North Fond du Lac, the North Fond du Lac Police Department and employees from all claims, injuries and/or liabilities which may occur during or resulting from such ride along.

_____

Rider's Signature

_____

Supervisor Signature

Approved Denied

NFPD024-2002a