



**FREDERICKSBURG POLICE DEPARTMENT  
RIDE-ALONG REQUEST**



Citizen Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date/Time Request to Ride-Along: \_\_\_\_\_

I hereby request permission to "Ride-Along" with an officer/detective, observing the activity of the Fredericksburg Police Department for the purpose of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below attests to the fact that I have read and understand the Waiver and Release Form (page 2 of this document) and that I also understand that I am not permitted to use any recording devices to include: photography, audio or visual recording, during my ride-along.

I further understand that I may be privy to confidential information during my ride-along and that I am not permitted to discuss this information during or after my ride-along.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Patrol Division Commander:**

Request is [  ] Approved [  ] Denied

The Citizen named above is authorized to ride \_\_\_\_\_ hours on the date of \_\_\_\_\_

with officer/detective \_\_\_\_\_ for the purpose indicated above.

Signature of Patrol Division Commander: \_\_\_\_\_

**Records Section:**

Citizen was notified on \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Ride-Along Release and Waiver attached [  ] Yes [  ] No



**FREDERICKSBURG POLICE DEPARTMENT  
RIDE-ALONG RELEASE AND WAIVER**

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I, \_\_\_\_\_, on my own behalf for and in consideration of the authorization and permission to accompany an officer of the Fredericksburg Police Department during the course of his or her duties, which may be granted to me upon my request, and after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next-of-kin or representatives might otherwise have against the City of Fredericksburg, the Fredericksburg Police Department, each and every officer, official, member, employee and agent thereof, in the event of my death or injury, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the Fredericksburg Police Department, whether in a police vehicle, in the police facility and annexes, or otherwise associated with the Fredericksburg Police Department and officers and officials thereof in any manner whatsoever, during my presence as an authorized observer.

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me, I hereby promise and agree to fully comply with all lawful instructions and directions given to me by an officer of the Fredericksburg Police Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_