



CLARKSVILLE POLICE DEPARTMENT

1970 Broadway
Clarksville, Indiana 47129
812.288.7151



Ride-Along Waiver / Authorization Form

I, _____, D.O.B. ___/___/___ the undersigned individual request
(print name)
authorization to ride along with an on-duty officer for the Clarksville Police Department. I
intend to ride along on _____, ___/___/_____, between the hours of
(day) (date)
_____ a.m/p.m. and _____ a.m/p.m..
(circle one) (circle one)

Contact Information:

Telephone: _____

Address: _____
(street) (city) (state) (zip)

I have read the attached Release and Waiver of Liability agreement and understand that my participation in the ride-along program shall be governed by the policy and procedures of the Clarksville Police Department. I understand my signature on said form relieves the Town of Clarksville, and all its entities, from any liability from incidents which might result while I am a passenger in a Clarksville Police vehicle or otherwise participating in the program.

Signature: _____

Date: _____

Witness: _____

Date: _____

(Signature of parent or legal guardian required if under 18 years of age)

Approved

Disapproved

Officer(s) providing ride-along: _____

Additional: _____

Signed: _____
(Chief of Police)

Date: _____