CITY OF TOLLESON
9555 West Van Buren • Tolleson, AZ 85353 • 623.936.7111 • fax 623.907.2629

Tolleson Police Department

Citizen Observer Waiver of Liability

Note: Ride-alongs are for a minimum of 5 hours. Allow 2 weeks for your application to be processed. Fill out this form completely. Once completed, give this form to the community relations officer or patrol sergeant if the officer is not available.

First Name:_____ Middle Name:_____ Last Name:_____

DOB:___/___/___ Eye Color:_____ Race:_____ Hair Color:_____ Sex:___

Weight:_____ Height:_____ SSN:___-___-____ DL#_____ State:___

Home Address:_____
City State Zip

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Employer/School: _____ Occupation:_____

In consideration of my being permitted to ride in the motor vehicles of the City of Tolleson Police Department or observe in the Communications Center, I hereby release and agree to hold harmless the said City of Tolleson, its employees and agents from any and all liability for any damage or injury which I may receive while accompanying City of Tolleson personnel from any cause whatsoever. This release of liability and agreement given by me to said City of Tolleson, its employees and agents shall apply to any right of action that might accrue to me, my heirs, and my personal representatives. Further, if riding in the said City of Tolleson Police Department vehicles and in accompanying its officers I am fully aware personal danger may be involved.

Date:_____ Signature:_____
(Must be signed in TPD employee's presence or notarized)

(seal) TPD Witness/Notary Signature:_____

*****POLICE DEPARTMENT USE ONLY*****

Record checked by:_____ **10-29**_____ **Previously Rode: Y / N Date:**_____
Record indexed by:_____ **Command approval (if warranted):**_____
Approved/Disapproved_____ **Scheduled Date/Time/Sergeant:**_____
Observed with:_____ **Officer/Employee Comments:**_____
TPD EMPLOYEE APPROVAL ONLY: Supervisor's signature and employee number:_____

Revised 03/13/2008