

APPROVAL FOR RIDE-ALONG

Bradley Police Department

From: _____ To: _____

Approval to participate in the "Ride-Along" Program in your unit has been granted to:

PRINT NAME HOME ADDRESS CITY ZIP

OCCUPATION ORGANIZATION (If Applicable)

DATE HOURS: FROM TO

Waiver of Liability

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Bradley Police Department by riding in a vehicle operated by a member/s of the Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Village of Bradley, its officials, officers, and all other personnel of the Village of Bradley from any and all liability whatsoever for any injuries, damages and claims the undersigned, his heirs, dependents and assigns may sustain in and about any patrol vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Bradley Police Department.

Signature of Participant: _____

Signature of Parent/Guardian if Minor: _____

IN WITNESS HEREOF, the undersigned has affixed his/her hand and seal in Bradley, Illinois, this _____ day of _____ 20____ A.D.

Signature: _____
Notary

SEAL:

Witnessed by: _____
Bradley Police Department
Patrol Commander/Designee

Waiver must be notarized and signed by participant/parent or Guardian and Patrol Commander prior to submission to Chief of Police for approval.

APPROVED: _____
Chief of Police/Designee

DATE: _____



Bradley Police Department

REQUEST TO OBSERVE POLICE OPERATIONS

LAST NAME	FIRST	M.I.	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	DATE OF BIRTH	SOCIAL SECURITY#	

TYPE OF OBSERVATION

- RIDE-ALONG
- COMMUNICATIONS
- OTHER _____

REASON FOR OBSERVATION

- EDUCATIONAL
- CRJ EMPLOYEE
- OTHER _____

DAY OF THE WEEK REQUESTED: _____ DATE: _____

TIME OF DAY: FROM: _____ TO: _____

1. Background checks will be conducted on all applicants.
2. Requests for observation must meet the criteria set forth in Special Order # 99-02.
3. The Chief of Police is the final authority for all approvals or denials of police operations observance requests.
4. If student, request must be accompanied by letter of approval from instructor.

Signature: _____ Date: _____

OFFICE USE ONLY

- APPROVED
- RECEIVED WAIVER
- DISAPPROVED

DATE OF OBSERVATION: _____

TIME: FROM: _____ TO: _____

WITH: _____

Signature Chief of Police

Date