



CITY OF EAST MOLINE
POLICE DEPARTMENT

CITIZEN RIDE ALONG
RELEASE OF LIABILITY

In consideration of the privilege to ride with, observe and participate with police officers of the City of East Moline, a municipal corporation within the State of Illinois and the County of Rock Island, I hereby assume all risk of personal injury, death, property damage or loss from whatever causes arising while I am observing, riding with, and participating with City of East Moline Police Officers. I also release any liability while I am approaching, entering, boarding, riding, being on, disembarking from, leaving, or being about, any vehicle or property of the City of East Moline. I release the City of East Moline, it's officers, employees, agents and servants from any liability therefore or for contribution as a joint tortfeasor therefore.

I will indemnify and save harmless the City of East Moline, its officers, employees, agents and servants from any such liability or contribution to such liability. My undertakings and waivers are in consideration for the privilege to ride with, observe and participate with police officers of the City of East Moline.

Participants must pass a background check administered by the East Moline Police Department and are limited to one ride along every 6 months. Participants must present photo ID at the time of ride along.

(Please Print)

_____ M.I. _____
First Name Last Name

_____ / ____ / ____
Street Address Date of Birth Phone Number

_____ ZIP
City State

_____ Date
Signature of Rider

_____ Date
Signature of Parent or Legal Guardian if Under 18

Internal Use Only

_____ With EMPD Officer
Date Riding

_____ Captain Approval
Shift Commander Approval