TOWN OF WOODFIN POLICE DEPARTMENT

90 ELK MOUNTAIN RD ~ WOODFIN, NC 28804 ~ (828) 253-4889 ~ FAX (828) 253-4700

Michael J. Dykes, *CHIEF OF POLICE*

Ride-Along Waiver

I, _____ do hereby certify:
(print full name)

- That I voluntarily request a ride-along with an on-duty Woodfin Police Officer;
- That I understand that uniformed Law Enforcement is potentially dangerous;
- That the purpose of the ride-along is not to interfere with the job functions of that police officer or others with whom he/she may be working;
- That I may participate fully in the activities of that Police Officer only to the extent that the officer believes my safety will not be compromised;
- That I will obey all lawful commands given by the assigned officer and failure to follow those commands will result in the termination of the ride-along;
- That, in the interest of safety, I may be dropped off at a safe location for the duration of a call which may be exceedingly dangerous;
- That the Town of Woodfin does not insure my person for this purpose; and
- That I will not hold the Town of Woodfin, its Officials, or the Police Officer with whom I am riding responsible or liable for any injury, death, or property damage which may occur while I ride as an observer.

Signed: _____ Dated: _____

Address:_____

Telephone #: _____

Emergency Contact Name:_____

Emergency Contact Phone #_____

If Under 18, Signature of Parent or Guardian: _____

NORTH CAROLINA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME.

THIS THE _____ DAY OF _____, 20____

_____
(SIGNATURE IN FULL)

NOTARY PUBLIC OFFICIAL SEAL
MY COMMISSION EXPIRES _____, 20 _____

INTERNAL USE ONLY

DATE RECEIVED_____ OFFICER ASSIGNED_____