



HENRICO COUNTY POLICE DIVISION

Waiver of Civil Liability (ride-along/observer)

HCPD-006A (01/13)



Date: _____

In consideration of the County of Henrico, Police Division, granting me permission to accompany a member of the Police Division, County of Henrico as an observer for the following dates:

I, _____, hereby waive any and all claims and demands, of whatever nature, which I have or may hereafter acquire against the County of Henrico, its Police Division, and any or all of their servants, agents, and/or members as a result of my voluntary participation in the ride-along/observer program on the date and time specified above. I further agree to comply with all rules of the ride-along/observer program and any instructions or orders issued by members of the Police Division in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

| WITNESS | RIDE-ALONG/OBSERVER |
|------------------------|-------------------------|
| Division member: _____ | Print name: _____ |
| Code #: _____ | Signature: _____ |
| Signature: _____ | Address: _____ |
| Date: _____ | City, state, zip: _____ |

COMPLETE BELOW IF REQUESTEE IS UNDER 18 YEARS OF AGE

Signature of parent or guardian: _____
Date: _____
Dated this _____ day of _____ (month and year) in the County of Henrico, Virginia.

****This waiver must be in the hands of the Chief of Police (or his designee) before the above named person will be allowed to act as an observer****