



# WILMINGTON POLICE DEPARTMENT

2 East Main Street, P.O. BOX 217  
Wilmington, Vermont 05363  
802-464-8593



## Ride-Along Waiver/Authorization Form

I, \_\_\_\_\_, D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ the undersigned  
(print name)  
individual request authorization to ride along with the on-duty officer for the Wilmington  
Police Department. I intend to ride along on \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_, between  
(day) (date)  
the hours of \_\_\_\_\_ and \_\_\_\_\_.

### Contact information

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that my participation in the ride-along program shall be governed by the policy and procedures of the Wilmington Police Department . I understand that my signature on said form relieves the Town of Wilmington from any liability from incidents which might result while I am a passenger in a Wilmington Police Vehicle or otherwise participating in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or legal guardian required if under 18)

Approved  Disapproved

Officer(s) providing the ride-along: \_\_\_\_\_

Additional: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Chief of Police)