



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)