Lone Star Police Department
Ride Along Waiver

Name:_____ **D.O.B.**_____
Address:_____
Phone Number:_____ **S.S.N.**_____
Purpose of Ride Along:_____
_____

Waiver Of Liability

FOR AND IN CONSIDERATION of the undersigned being given the opportunity of observing police operations and functions of the Lone Star Police Department by riding in a vehicle operated by employees of the police department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/her self of said opportunity, recognizes and assumes and all risks pertaining thereto, and hereby release the City of Lone Star, its officials, officers and all other personnel of the City of Lone Star from any and all liability whatsoever for any injuries, damages and claims the undersigned, his heirs, dependents, and assigns may sustain in and about any police vehicle or in and other way during the course of observation and studies by the undersigned of the operations and functions of the Lone Star Police Department.

IN WITNESS WHEREOF, and intending to be legally bound thereby the undersigned affixes his/her hand as Lone Star, Texas, this _____day of _____, 200__.

_____ _____
signature date print name

_____ _____
officer date print name

Subscribed and sworn to before me this the _____day of _____, 200__.

_____
Notary Public