



POLICE DEPARTMENT

305 S. East Street
Bloomington IL 61701

Jamal A. Simington, Chief
Chad E. Wamsley, Assistant Chief
Paul D. Williams, Assistant Chief
Aaron Veerman, Assistant Chief

Bloomington Police Department
Assumption of Risk and Waiver

I, _____, wish to ride along with a Bloomington Police Officer in the
(Please Print)
department's squad cars, as an observer, in order to:

(Insert reason for request and organization, if any)

I realize that accompanying Police Officers on duty could lead to my serious injury, permanent disability, or even death due to vehicular accident or other collision, altercations with or without deadly or other weapons, disorder, assault, or other eventuality which I cannot foresee. I, in exchange for permission to ride along with an officer, agree to assume the risks of personal injury, disability, and even death, and to waive and forego any claim I, or any heirs, successors or assigns may have against the City of Bloomington, its Police Department, and all of their officers and employees and insurance carries arising out of, or in connection with, any injury of any sort or death that may occur during my riding along with one or more officers of the Bloomington Police Department. The undersigned hereby agrees to hold harmless and indemnify the City of Bloomington from any and all expenses arising out of any claim for loss, damage, or personal injury as a result of the above-mentioned occurrence.

EXECUTED this _____ day of _____, 20__.

Signature _____



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TO THE CHIEF OF POLICE:

Bloomington IL Police Department

I hereby authorize and give my consent to the release of my driving record, including any traffic conviction record, criminal conviction record, if any, by the Bloomington, IL Police Department.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Bloomington, the Bloomington IL Police Department or any of its officers or employees as a result of such record(s).

_____	_____	_____
Print Full Name (include Maiden Name)	Signature	Date
_____	_____	_____
Driver's License Number and State	Date of Birth	
_____	_____	_____
Social Security Number	Current Street Address	
_____	_____	_____
Phone Number	City, State, Zip Code	
_____	_____	_____
Email (optional)	Wants to Ride (Date/Time)	

Background Check ** Please check when complete & forward on to the next division **

- Ride Along
- Vendor
- Other: _____
- LEADS Coordinator**
Federal or State Criminal History Exist?
Active Warrants?
No____ Yes____

_____	_____
Signature	Date

- Records**
Check pending cases, incidents, arrests/convictions, tickets and warrants.

_____	_____
Signature	Date

- Crime/Intel Analysis Unit**
- | | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |