



**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 \_\_\_\_\_



**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**

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)

\_\_\_\_\_  
Have you applied to BPD? Are you a Lateral?