



GRANDVIEW POLICE DEPARTMENT

Charles Iseman, Chief of Police
1200 Main Street
Grandview, MO 64030
Phone (816) 316-4900
Fax (816) 763-9774

RELEASE OF LIABILITY FORM

I, _____, _____
(NAME) (DATE OF BIRTH)

do hereby request permission to participate in the Ride-Along Program/Internship Program offered by the Grandview Police Department. **I am at least 18 years of age.** I request permission to ride

from _____ hours to _____ hours on _____, or from
(MONTH DAY YEAR) (MONTH DAY YEAR)
_____ to end) _____.
(MONTH DAY YEAR) (MONTH DAY YEAR)

I relinquish all claims against the City of Grandview, or employees thereof, for any injuries suffered by me, whether or not the action resulting in injury was initiated by me. I further absolve the City of Grandview, or employees thereof, of fault or liability for actions taken by me.

(SIGNATURE)

(ADDRESS) (PHONE)

If participant has not reached his/her 21st birthday, parent or guardian signature is required.

(PARENT/GUARDIAN SIGNATURE)

(ADDRESS) (PHONE)

Approval:

CHIEF OF POLICE / STAFF OFFICER _____

SHIFT COMMANDER _____

DATE APPROVED _____

RIDE-ALONGS ARE LIMITED TO TWO (2) PER YEAR, PER PARTICIPANT.