



Chesterfield Police Department

46525 Continental Drive
Chesterfield, MI 48047-5207

Phone: 586-949-2112

Fax: 586-598-2536

www.chesterfieldpolice.org

Printed Name

Date of Birth

Phone Number

Complete Address

Reason for Ride Along

Ride Along Release and Indemnity Agreement

The undersigned has voluntarily elected to ride as a passenger in the Police Department vehicles of the Township of Chesterfield Police Department, and to accompany police officers while engaged in the performance of their duties to study and observe for his or her own benefit the functions and operations of the Police Department and its personnel;

The undersigned further desires to do so at his or her own risk, recognizing the possible and inherent danger to his or her person and property;

In consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself or herself, his wife, or her husband, heirs, executor or administrator, and personal representatives;

(a) Assume full responsibility for any personal injury or damage to his or her person or property which may occur, directly or indirectly, while in, on or about any such Police Department vehicle, the Police Department's premises, or while accompanying any police officers while in performance of their duties;

(b) Fully and forever release and discharge the Township of Chesterfield, its agents and employees, from any and all claims, demands, damages, rights of action, or causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying, any police officers of the Township of Chesterfield as aforesaid;

(c) Indemnify and hold harmless the Township of Chesterfield, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in or about any such Police Department vehicles or at any or all premises and places aforesaid, or while accompanying any such police officer as aforesaid;

(d) Agree to defend and pay any costs or attorney's fees as a result of any action brought by or against the Township of Chesterfield, its agents and employees, for any act or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicles or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid; and

(e) Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

Ride-Along

Date

Date and Time of Ride-Along

Operations Commander

Date

Chief of Police

Date

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT

46525 Continental Drive • Chesterfield • MI • 48047
Phone: 586-949-2112 • Fax: 586-948-1622
www.chesterfieldpolice.org



Ride Along Information Form

Name _____
Last First Middle

Date of Birth _____ Driver's License Number _____

Emergency Contact _____

Address _____

Primary Phone Number _____ Alternate _____

Primary Doctor _____ City _____

Phone number _____

Any known allergies? _____ Yes _____ No If yes, please explain

Do you take any medication? _____ Yes _____ No If yes, please explain

Participant Signature _____ Date _____

Department Representative _____ Date _____