



RIDE-ALONG CONSENT FORM

First name and middle initial of Explorer

Last name

Address

Birth Date (month/day/year)

City

State

Zip

Ride-Along Activity:

Above named Explorer will accompany a uniformed Cicero Police Officer as part of a regular patrol, the Explorer's role being to observe actions of the supervising Police Officer. The Explorer will not 1) participate in any police activity, 2) drive any Cicero Police vehicle, or 3) carry any weapon. The Explorer will always have a written learning objective to achieve as part of the ride-along and that will be reviewed with the supervising Police Officer prior to initiating the ride. The written learning objective will always have a parent or guardian signature to ensure awareness of the ride.

Waiver of Claims:

In consideration of the benefits to be derived from participation in this activity, any and all claims against Learning for Life (Parent Organization), Post 823, the Cicero Police Department, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Approval:

I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify its correctness. (If two parents/guardians, both need to sign.)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____