

FOR OFFICE USE ONLY:

Date received and sent for record check: _____

Criminal records check completed by: _____

Date approved/disapproved: _____ Approved Disapproved

Date contacted: _____

Date assigned: _____

Relief assigned: _____

Date sent to Precinct: _____

**TO BE FILLED OUT BY THE SUPERVISOR AND RETURNED TO THE FORWARDING UNIT
INDICATED ON THE FRONT OF THE APPLICATION WHEN THE RIDE-ALONG APPLICANT
HAS COMPLETED THE TOUR:**

Assigned to ride with: _____ Code #: _____ Unit: _____

By: _____
Supervisor

Time: _____ Date: _____

Total duration of Ride-Along: _____

Supervisors: Please return the completed Ride-Along Form and Waiver of Liability Form to the Community, Youth and Intervention Unit when the Ride-Along has completed the tour.

LIABILITY EXEMPTION

RICHMOND POLICE DEPARTMENT
RICHMOND, VIRGINIA

Date: _____

I hereby release the City of Richmond, Virginia and any member of the Richmond Police Department from any and all liability directly or indirectly arising out of my riding in a police unit with a police officer of the City of Richmond, Virginia.

Signature: _____

Witnesses:
