MARYLAND-NATIONAL CAPITAL PARK POLICE
MONTGOMERY COUNTY DIVISION

RIDE ALONG APPLICATION AND WAIVER

NAME: _____ DOB: _____
(last) (first) (middle)

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ PHONE: _____

I have read and understood the Ride Along Program Participant Rules of the Maryland-National Capital Park Police, Montgomery County Division. I understand that these rules were established for my safety and I agree to abide by them. I understand that should I violate any of these rules, my participation shall result in immediate termination of the ride along.

I hereby release the Maryland-National Capital Park and Planning Commission, the Maryland-National Capital Park Police, Montgomery County Division, and their agents for any and all liability for damages or injury resulting from my (or my child's) participation in the ride along program.

Referred by: _____ Preferred Dates/Times: _____

Park Police Unit/Section I want to ride with: _____

_____ _____
Participant Signature Parent or Guardian (if under 18)

_____
Date

Date Received: _____ 10-29/CH Results: _____

Section/Unit Commander: _____

Approved/Disapproved by D.S. Cmdr.: _____ Date: _____

Officer Assigned: _____ Date/Times Assigned: _____

Participant Notified by: _____ Date/Time: _____

Officer Comments: _____

_____

Is there any reason why this person **should not** be allowed to participate again?

_____