

*City of Reading*  
**POLICE DEPARTMENT**

109 South Main Street, Reading, Michigan 49274  
517 283-3133 – Fax 283-1606

**Ride Along Waiver of Liability**

This form shall be completed by all persons who have requested and received approval to ride in a departmental vehicle. Completion is required prior to being transported.

I am aware that by accompanying members of the Reading City Police Department there is a high probability that I will be exposed to hazardous situations inherent in police work. This includes, but is not limited to: High speed vehicle operation, accidents, arrests, dangerous weapons, assaults, contacts with abnormal persons, etc. I have requested to ride with officer(s) of the Reading City Police Department with the full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I hereby release the City of Reading, Police Department, and its employees or agents from all liability for any injuries received while participating in any Reading City Police Department function.

I understand that I am expected to carry my own insurance policy including complete medical coverage.

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Signature of Requester Date

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Address City State

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Signature of parent (if requester is under 18 years of age.) Date

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In case of emergency, notify Phone

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Chief of Police Date

Authority: 1935 PA 59  
Compliance: Voluntary (but completion is required before you will be transported.)