

**TOWNSHIP OF LOWER MERION POLICE DEPARTMENT**  
**REQUEST FOR RIDE-ALONG FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for RIDE-A-LONG Request: \_\_\_\_\_

\_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE WAIVER BELOW MUST BE SIGNED BY PARTICIPANT AND  
AUTHENTICATED BY DIVISION COMMANDER/DESIGNEE BEFORE "RIDE-ALONG"**

**WAIVER OF LIABILITY**

For and/in consideration of the undersigned being given the opportunity of observing police operations and functions of the Township of Lower Merion Police Department by riding in a vehicle, operated by members of the Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Township of Lower Merion, its officials, officers, and all other personnel of the Township of Lower Merion from any and all liability whatsoever for any injuries, damages and claims and undersigned, his/her heirs, dependents and assigns may sustain in and about any vehicle or in any other way during the course of the observations and studies by the undersigned of the operation and functions of the Township of Lower Merion Police Department.

\_\_\_\_\_  
**DATE** **SIGNATURE**

SWORN TO AND SUBSCRIBED before me

**this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

*Notary Public* (SEAL)

**FOR DEPARTMENT USE ONLY**

**Request Approved:** Yes \_\_\_\_\_ No: \_\_\_\_\_

**Audio/Visual Equipment Approval:** Yes \_\_\_\_\_ No: \_\_\_\_\_

**Operations Division Commander Signature:** \_\_\_\_\_

**Officer Assigned/Comments:** \_\_\_\_\_

THE SIGNED, AUTHENTICATED WAIVER MUST BE RETURNED TO THE OFFICE OF THE STAFF SERVICES COMMANDER