

**RELEASE FROM LIABILITY & INDEMNITY AGREEMENT  
AND CRIMINAL HISTORY CONSENT  
(PATROL VEHICLES)**

I, \_\_\_\_\_, (print full name)  
Address \_\_\_\_\_,  
race/sex, \_\_\_\_/\_\_\_\_, SSN# \_\_\_\_\_, DOB \_\_\_\_\_  
Phone # \_\_\_\_\_, being 18 years of age or older, in consideration  
of my being able to ride in a patrol vehicle belonging to the City of  
LaGrange and which is assigned to the City of LaGrange Police Department and  
my being allowed to accompany members of the City of LaGrange Police  
Department on patrol or other police activities, do hereby agree as follows:

- a. That I release the City of LaGrange, Georgia, The City of LaGrange Police Department, and their agents and employees from any liability to me or the estate of my son/daughter/ward as a result of any damage to property of my son/daughter/ward, injury to my son/daughter/ward, or the loss of the life of my son/daughter/ward sustained as a result of his/her riding in a patrol vehicle or participating in the above named activity.
- b. That I agree to hold the City of LaGrange, Georgia, the City of LaGrange Police Department, and their agents and employees harmless for any loss sustained by them as a result of any damage or injury caused by my son/daughter/ward, and I agree to indemnify said City Police, agents and employees for any loss incurred thereby.
- c. That this agreement shall remain in effect until cancelled in writing to the City of LaGrange Police Department by myself or another adult with authority to do so.

I hereby request and authorize the LaGrange Police Department to receive Criminal History Record Information on me, which may be in the files of any state or local criminal justice agency as a condition for permission to ride in any police vehicle.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participants Signature

Permission is granted for the above named individual to ride in vehicles assigned to the City of LaGrange Police Department and to accompany members of the department on patrol and other police related activities.

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

## Citizen Ride-Along Request

I would like to ride with an officer of the LaGrange Police Department for the following reasons: \_\_\_\_\_

\_\_\_\_\_. I have read and signed the release form and I understand the provisions and liabilities. I understand that because of the nature of patrol functions that I maybe in greater risk of receiving an injury due to a physical encounter or from being involved in a traffic accident. I understand and agree that I may not be allowed to accompany officers on certain types of calls. I understand that I may be asked to exit a patrol vehicle at a safe location and wait for the officer to return or another officer to escort me back to the LaGrange Police Department.

If you are approved to ride with a LaGrange Police Department officer you must adhere to the dress code. All riders are required to dress in casual business attire (examples: slacks, khaki pants, collared shirt). When you arrive at the Police Department to ride along you must first sign in with the support division and then report to the on duty supervisor so he can assign you to an officer.

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

Telephone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Date)

**LaGrange Police Department  
Citizen's Police Academy Participation Form**

**Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Alternate Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**In case of emergency, contact:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Alternate Contact Number:** \_\_\_\_\_

**Complete the attached and return the three forms to the Training Section in person or by fax (706) 883-2640.**