



New Bedford Police Department Administrative Services

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Paul Oliveira
Chief of Police

Adelino Sousa
Deputy Chief

JONATHAN F. MITCHELL
Mayor

To: Citizen's Police Academy participants

Subject: Police Ride-a-long

If you are interested in participating in a ride-a-long, please, fill in the information below and sign the waiver below

Name (print): _____

Address: _____

Telephone #: _____

Waiver:

I fully recognize that there are dangers and risks to which I may be exposed by participating in the police ride-a-long program. I request an opportunity to attend a scheduled ride-a-long session. I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this activity. I release the New Bedford Police Department and the City of New Bedford and all of its officers and city departments from any and all claims.

I have read this entire release and I fully understand that participating in the ride-a-long program is voluntary. I am giving up, among other things, all rights to sue for injuries, damages, or losses that I may incur.

Signature: _____ Date: _____