Marina Police Department

211 Hillcrest Avenue
Marina, California 93933

Community Ride-Along Request

Name: _____ Date of Birth:_____

Address:_____ Telephone:_____

Date of Ride-Along:_____ From:_____ To:_____

Photo ID Type: _____ ID No.:_____
(Attach a copy of ID to this request)

Reason for Requesting This Ride-Along:_____

_____

Do you have any handicaps or limitations which would hinder easy entrance and/or exit from a City vehicle

Yes: ☐ Explain:_____

No: ☐

I, _____, hereby release the City of Marina, its Officers, Employees, and/or Agents, from any claim for damages for any loss of property, injury, or death which might result from my participation in a program involving the City of Marina. This release is given freely in consideration of the privilege being extended to me to ride in a City vehicle during regular business hours, and/or participating in other City of Marina activities.

Given this _____ day of _____, 20_____, at Marina, California.

_____ _____
Participant's Signature *Parent/Guardian Signature if under 18 years of age*

In case of emergency, notify: _____

Phone: _____ Relationship: _____

Approval: _____ Date:_____
Watch Commander