

**GALENA POLICE DEPARTMENT  
RIDE-ALONG PROGRAM  
WAIVER OF LIABILITY**

For and in consideration of the undersigned being given the opportunity to observe police operations and functions of the Galena Police Department by riding in a car, or by any or all other means of observation whatsoever:

\_\_\_\_\_

Name of participant

\_\_\_\_\_

Age

\_\_\_\_\_

Name of Explorer Unit or Career Orientation Program

acknowledges and assumes all risks pertaining thereto, and hereby releases the Galena Police Department, the City of Galena, Illinois, its officials and officers and all other personnel of the City of Galena, Illinois, from any and all liability whatsoever from any injuries, damages, or claims the undersigned, his/her heirs, dependents or assigns may sustain as a result of participation in this observation program.

Accepted: \_\_\_\_\_

Participant signature

Accepted: \_\_\_\_\_

Parent/Guardian signature of person under age 18

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