



# CHATHAM COUNTY POLICE DEPARTMENT

295 Police Memorial Drive, Savannah, GA , 31405

(912) 652-6920 FAX: (912)650-6130

Chief Jeffrey M. Hadley

Assistant Chief Terry Shoop

Assistant Chief Julie Tolbert

## COUNTY POLICE DEPARTMENT AUTHORIZATION FOR RIDE ALONG AND RELEASE FORM

In consideration of being permitted to be a passenger observing the operation of the Chatham County Police Department, the undersigned hereby releases the Chairman and Commissioners of Chatham County, their agents, officers, servants and employees from actions, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the undersigned, or any of their property, resulting from this participation as an observer.

The undersigned hereby elects, voluntarily, to participate as an observer and assumes all risk of loss, damage or injury, including death that may be sustained by the undersigned, or their property from participating in said observation. This agreement shall be binding upon heirs, executors and/or administrators of the undersigned. Signature also acknowledges receipt of a safety briefing.

_____	_____	_____
(Name - Print)	(Signature)	(Date)
_____	_____	_____
(Social Security Number)	(Phone)	(Date of Birth)
_____	_____	_____
(Street Address - Apt #)	(City, State and Zip Code)	
_____	_____	_____
(Emergency Contact Person)	(Relationship)	(Phone)
_____	_____	
(Place of Employment)	(Business Phone)	

Check the area of the precinct you would like to ride with  West Chatham.  Whitefield Ave.  East Chatham.

**\*PLEASE HAVE YOUR DRIVER'S LICENSE AVAILABLE TO BE PHOTOCOPIED**

We must ensure confidentiality by requiring all civilians to submit to a local and state Criminal History Records Check:

I, \_\_\_\_\_ (Print your name clearly) hereby consent to the Chatham County Police Department and records office to retrieve a criminal history record pertaining to the individual identified above, which may be in the files of any state or Criminal Justice Agency in the State of Georgia.

Signature:

Date:

Notary Signature:

Date:

Notary Seal



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**Sponsoring Officer:** \_\_\_\_\_ **Precinct/Unit Requested:** \_\_\_\_\_

**Date of Ride Along** \_\_\_\_\_ **Reason for Ride along:** \_\_\_\_\_

**Requested Shift:**  Day  Night **Alternate Date** \_\_\_\_\_

**I have no physical/mental conditions that would affect my participation in this program.** \_\_\_\_\_ (Initial)

**Recommendations:**

**Approval / Disapproval** \_\_\_\_\_ **CAPTAIN**