COLFAX POLICE DEPARTMENT



400 North Mill Street • Colfax, WA 99111 • (509) 397-4616

Release and Waiver of Civil Claims

For and in consideration of being permit observer, I	ted to ride in a Colfax Police Departn	nent vehicle as a passenger or
	(Rider's Name)	
for myself, my heirs, assigns or other su Colfax Police Department, the City of Colfany and all liability for all existing and fut which I may have or which may cause injury otherwise arise as a result of my being the Colfax Police Department, the City of Copersonal injuries, loss of service, loss or comight arise during or as a result of my being the Colfax Police Department, the City of Copersonal injuries, loss of service, loss or comight arise during or as a result of my being the Colfax Police Department, the City of Colfax Police Department Departme	fax, it's officers, agents, employees, ag cure claims, damages, and causes of ac jury to me, which concern the loss or ng a passenger or observer and I do h Colfax, its officers, agents, employees, damage of property, or medical expen	encies, and departments from tion of any nature whatsoever damage of property, or which ereby waive any claim against agencies, and departments for
Furthermore, I do agree that I will forev Department, City of Colfax, its officers, a claims for damages, judgments, or liabilit being a passenger or observer, including from the Colfax Police Department's acts of	agents, employees, agencies, and dep cies by third persons that may occur a g those resulting directly or indirectl	partments against any and all as a direct or indirect result of y from my acts or omissions,
I have reviewed the Orientation Check-Off command given by an officer of the Colfax		ovisions thereof, as well as any
Confidentiality		
improperly divulged.	and privacy. Any information obtain	
Rider		
Printed Name	Signature	Date
Parent/Guardian		
I, permission for him/her to ride in a Colfax		
Printed Name	Signature	Date

Officer

Please complete the other side of this form.



COLFAX POLICE DEPARTMENT

400 North Mill Street • Colfax, WA 99111 • (509) 397-4616

Printed Name	Signature	Date

ORIENTATION CHECK-OFF SHEET

INITIALS			
Officer Rider	Form to be completed in th	ne patrol vehicle at the time of the ride.	
	1. The rider has received instru	ctions in the use of the Patrol radio.	
	2. The riders know how to open	n the trunk.	
	3. The rider knows the location	of the first aid kit.	
	4. The rider knows the location	of the fire extinguisher and has been instructed	in its use.
	5. The rider has been inst otherwise granted by the office	ructed to remain within the patrol vehicle c.	unless permission is
	6. The rider has been instructed	d to wear their seat belt at all times.	
		ned if a video/audio camera operation is in ute. Additionally, the rider shall not disclose any car computer system).	
	8.The rider has been instructed than general courtesies.	d not to engage in any conversation with violat	tors or prisoners other
		that if the officer is responding to any known d rival at the situation and WHITCOM will be adv	_
	becomes involved in an alterca	l that in any situation where an officer encounter tion, the rider's responsibility will be to solicit a essary measures to protect himself/herself.	
	11. The rider has been informed	that he/she may be a witness to any criminal of	fense of infraction.
	12. The rider has been instructed, understands, and agrees that they are not to photograph, record video or audio of any witness, victim, suspect, violator, and/or investigative scene. This agreement may not apply in the case of members of the media who have been authorized to ride by the Chief.		
	13. The rider has been instructed	d to obey all commands given by the officer.	
	14. The "Release and Waiver of Civil Claims" form is signed by the rider. (other side of this form)		
	15. The officer has advised WHI	TCOM that a rider is in the vehicle and the expec	ted length of the ride.
<u>Officer</u>			
	Printed Name	Signature	Date

<u>Rider</u>

OFFICER COLFAX	COLFAX POLICE DEPARTMENT		
POLICE	400 North Mill Street ◆ Colfa	ax, WA 99111 • (509) 397-4616	
Printed Name	Signature	Date	
Expected Hours of Ride			