



*Lewiston Police
Departmental Form*



Lewiston Police Department Civilian Ride-Along Waiver

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Have you ever been arrested/cited/summonsed for any criminal offenses? (Circle one) Yes or No

If yes, described circumstances below (include date, charge, and disposition): _____

Purpose of ride along: _____

I, _____, in consideration of the granting of my unsolicited written request to ride in a Lewiston Police cruiser as an observer of police activities and procedures, hereby waive all claims for damage or loss to my person or property which may be caused by any act, or failure to act, of the Police Department of the City of Lewiston, its officials, agents, or employees. I assume the risk of all dangerous conditions or situations which might arise during the course of my presence in said police cruiser, and I waive all specific notice of the existence of such conditions. I further state that I am aware of the fact that I could encounter risks of hazards which exist, develop, or arise during the course of my presence in said cruiser as the result of the acts or failure to act of individuals over whom the Police Department of the City of Lewiston, its officials, agents, or employees have no control and acknowledge that said acts or failure to act on the part of any such third person could lead to damage or loss to my person or property. I further state that I will indemnify and hold harmless the Police Department of the City of Lewiston, its officials, agents, or employees from any claims for damage or loss to persons or property which might be caused by actions or failure to act while I am riding in said police cruiser and/or accompanying an officer of the Lewiston Police Department who is on duty at that time.

By signing, I am also aware of **Prohibited Conduct during the privileged ride-along participation:**
-No possession of weapons. -No audio / video recording of officers or civilian public without express written permission from the Chief of Police, or designee, only for a specific articulated purpose. Recording devices are subject to seizure and any recordings made are subject seizure as investigatory evidence.

Signature: _____ Witness: _____ Date: _____
(Signature authorizes criminal background check)



141 Mill St Lewiston, Maine 04240 • Phone 207-513-3001 • www.lewistonpd.org





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-----Do not complete below - for administrative purposes only-----

Comments: Watch Commander responsible for #1-3/ Records Clerk for #4 (Circle one)

- 1) Waiver/ release completed in full? Yes: ___ No: ___ Initials: _____
- 2) Department records check? Yes: ___ No: ___ Initials: _____
- 3) DMV records check (10-27 & 10-29)? Yes: ___ No: ___ Initials: _____
- 4) SBI check (File 15)? Yes: ___ No: ___ Initials: _____

Watch Commander: _____ (Circle one) **Approved or Denied**

Deputy Chief: _____ **Date:** _____

(This approval remains in effect for a period of up to 2 years from this date, after which the civilian must re-apply. The approval can be reversed at any time at the discretion of a supervisor)



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