



**TRURO POLICE DEPARTMENT**  
**344 ROUTE 6, PO Box 995**  
**TRURO, MA 02666**  
**508-487-8730**  
**FAX 508-487-8736**



**Application To Ride With A Truro Police Officer**

Name		Date of Birth
Address		
Home Phone	Work Phone	
Best Time to Contact You		
Social Security Number		

Briefly describe your past experiences with any law enforcement entity:

How did you hear about the Truro Police Ride-Along Program?



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## **Release of Claims**

I, \_\_\_\_\_, in consideration for the opportunity to observe and participate in the Truro Police Ride A Long Program, do hereby relieve the Town of Truro, and any employees, agents, officials, or representatives of the Truro Police Department and the Town of Truro of any and all liability for any and all claims which I may have as the result of my participation of program, and all activities related hereto; I further acknowledge that participation in the Truro Police Ride A Long Program, or related programs, may expose me or my property to risks or happenings encountered by police officers of the Town of Truro while in the performance of their duties. I, therefore, enter this program assuming all risks of injury to my person and/or property arising from my participation in the program, and in this regard assume and agree to pay for all medical costs or property costs occasioned thereby, releasing the Town of Truro, the Truro Police Department and its employees, agents and assigns for and against all claims, damages, injuries or causes of action which I, my heirs, executors or administrators may have herein.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_ of \_\_\_\_\_ 20

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Witness \_\_\_\_\_

Name of Witness (Printed) \_\_\_\_\_