



# SANDWICH, ILLINOIS

## Police Department

1251 E. 6<sup>th</sup> St, Sandwich, IL 60548 | (815) 786-7261 | FAX (815) 786-7450 | police.sandwich.il.us

### WAIVER OF LIABILITY

For and in consideration of the undersigned being the opportunity of observing police operations and functions of the Sandwich Police Department by riding in a vehicle operated by members of the Sandwich Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Sandwich, its officials, officers and all other personnel of the City of Sandwich from any and all liability whatsoever or any injuries, damages and claims that the undersigned, his/her heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned or the operation and functions of the Sandwich Police Department.

In WITNESS THEREOF and, intending to be legally bound thereby, the undersigned affixes his/her hand at Sandwich, Dekalb County, Illinois this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Hours of Observation: \_\_\_\_\_ to \_\_\_\_\_

Assigned to Observe: \_\_\_\_\_

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

NOTE: The signature of a parent or guardian is required for those guests or observers under the age of eighteen (18) years.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_