



JUNEAU POLICE DEPARTMENT



POLICE OBSERVER WAIVER OF LIABILITY

[Use ink to print all information except for signatures]

Please circle one

Patrol

Dispatch

Community Service

RULES AND CONDITIONS – Please carefully read the following information:

1. Police observer must be at least 18 years of age.
2. **Observations may only last a duration of 4 hours.**
3. To ensure equal opportunity to participate in the program, observations are restricted to once every 6 months per individual.
4. There is a 5-day processing period for requests to participate in the Observation program.
5. Officer/Observer assignments are determined by a J.P.D. supervisor.
6. A records check will be conducted by the Juneau Police Department to determine suitability to participate in the Observation program.
7. Show up at the date & time you request below unless otherwise notified by a J.P.D. supervisor.

Having read the foregoing Rules and Conditions,

I, _____, certify that I am at least 18 years of age and request approval to ride in a City and Borough of Juneau police vehicle and/or otherwise accompany officers of the City and Borough of Juneau Police Department solely as an observer of police duties and performance during the period of time **beginning at _____ hours on _____, 20____; and ending at _____ hours on _____, 20_____.**

I further **waive** any and all rights, either as the parent or legal guardian of, or as the accompanying observer, to any claim of liability which could or might be placed against the City and Borough of Juneau or its agents or employee, either collectively or individually, for any reason whatsoever arising from, or as the result of, riding with or otherwise accompanying officers of the City and Borough of Juneau Police Department as requested and/or permitted herein.

This form must be filled out completely or request will be denied.

Dated this _____ day of _____, 20_____.

Observer's Printed Name & Signature: _____
Print Signature

Date of Birth: _____ State-issued Identification: _____
ID number State

Home Telephone: _____ Work Telephone: _____

Emergency contact: _____
Name Address Telephone Number(s)

___ I have previously been a Police Observer on _____ and rode with Officer _____

___ I have not previously been a Police Observer.

*** FOR JPD USE ONLY ***

Officer Assigned: _____ Date: _____

Supervisor Approving Observation: _____ Date: _____