110 W. First Street
Marshfield, WI. 54449
PHONE (715) 384-3113
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MARSHFIELD
The City in the Center
POLICE DEPARTMENT

**Rick Gramza**
Police Chief
(715) 384-0800

# Police Ride-Along Form

_____

Last Name First Name Middle Initial

_____ _____

Date of Birth Age

I wish to participate in the following activity with the Marshfield Police Department:

_____

As a participant in my requested police activity with the City of Marshfield Police Department I agree to hold the City of Marshfield; its employees and agents harmless for any personal injury or other damages that may occur while participating in police activities. I further agree to indemnify the City of Marshfield for any damages that I may cause or incur while participating in police activities.

Participant's signature: _____ Date: _____

(If participant is under 18 years of age a parent guardian must complete the following)

I hereby grant permission for the above named juvenile to participate in the above mentioned police activity and I acknowledge that I have read and understand the liability waiver.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Address: _____

Emergency Contact Telephone Number: _____

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Approved by Marshfield Police Department Supervisor: _____

Date: _____