



CITY OF *Caldwell, Idaho*

City Hall

411 Blaine Street
Caldwell, Idaho 83605

Post Office Box

P.O. Box 1179
Caldwell, Idaho 83606

Website

www.cityofcaldwell.com



FRANK WYANT
Chief of Police

DEVIN RILEY
Captain

Police Station

110 South 5th Ave.
Caldwell, Idaho 83605
208.455.3115
or 208.455.3118
(f) 208.455.3123

Non-Emergency Dispatch
208.454.7531

Website

www.caldwellpolice.org

POLICE DEPARTMENT
110 S. 5TH AVENUE
CALDWELL, IDAHO 83605
208 455-3115

RIDER PROGRAM – WAIVER OF LIABILITY

I, _____, DOB _____, DL# _____,
DL State _____, residing at _____, in the City of _____,
request permission to be a voluntary passenger in a police vehicle owned by the City of
Caldwell, Idaho and operated by officers of the Caldwell Police Department.

In such relation, I do hereby declare that in the event on any accident or collision involving a
city vehicle or any other activity in which I may become involved in or around any city vehicle, I
expressly waive and relinquish any right to recover from the City of Caldwell for any loss,
damage, injury, or expense in any way associated with or connected with my presence in or
around a City owned vehicle. I do hereby absolve and release the City of Caldwell from any
responsibility or liability of any kind or nature resulting there from.

I have held a driver's license in the following states _____

Aliases (AKA) _____

I request to ride: date _____, time _____ to _____. Telephone # _____

Reason: _____

Name of CPD Employee for referral: _____

**Riders are only allowed Monday through Thursday, from 8:00 a.m. to 10:00 p.m., for a
maximum of 4 hours.**

This request must be submitted 5 days prior to the date you request to ride

In WITNESS WHEREOF, I hereunto set my hand this _____ day of _____, 20_____.

Rider

Parent or Guardian if under 18

Shift Supervisor

Lieutenant

Chief of Police or Captain

Approved

Denied

The chief of police or, in his absence, the captain, must approve this request.