HONOLULU POLICE DEPARTMENT ADULT WAIVER

I, the undersigned, for and in consideration of being permitted to ride in police vehicles, do hereby waive any claims against the Honolulu Police Department, its employees, or the Chief of Police, the Honolulu Police Commission, the Mayor, City Council, and the City and County of Honolulu for personal injuries, property damage, loss of service, or medical expenses of whatever nature which might arise as a result of such permission, by reason of accident or motor vehicle wreck resulting in injuries to myself, damage to my property, or loss of services or medical expenses. I have received a copy of Instructions for All Participants (HPD-233B).

Date: ________________________________   Time: ________________________
Signature: ___________________________________________________________
Approved:  __________________________________________________________

Commander or Designee

Date(s) Valid: ______________________

HPD-385 (R-06/15)

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PERMIT TO RIDE (ADULTS)

Name: ________________________________
Age: ________________________________

hereby authorized to ride along with a member of
the Honolulu Police Department.

Signed: ________________________________
Date: ________________________________

Commander or Designee

Date(s) Valid: ______________________

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HPD-385 Form, to be reproduced
by the PRINT SHOP.

HPD-385 - 4" X 8 ½ " on BLUE cardboard, double-sided (tumble style)
INFORMATION IN CASE OF INJURY TO ADULTS

I, ________________________________, being permitted to ride in police cars, do hereby authorize the physician of the City and County of Honolulu emergency units to administer first aid treatment to me for any injuries incurred and to have the emergency physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: _____________________________   Phone: ______________________
Address: __________________________________________________________________
Allergies:  ________________________________Blood Type: ______ DOB: __________

In case of emergency contact:
Name: _________________________________   Relationship: ______________________
Address: _____________________________________ Phone:_______________________
Signature: _________________________________________________________________
Date:  _____________________________________ Time: _________________________

HPD-385 (R-06/15)