IN OFFICE USE ONLY:

RECRUITER ASSIGNED: _____

RECORDS: _____

SCHEDULER: _____

NOTES:

POLICE DEPARTMENT RIDE ALONG RELEASE AGREEMENT

I. REQUEST FOR PARTICIPATION IN RIDE-ALONG PROGRAM

Rider name: _____School/club/agency: _____. If minor, parent/ guardian name: _____ Phone #: _____ Date of birth: _____ Driver's license #: _____ State: _____ SSN: _____ Date requested: _____

Officer/employee/time requested, if known: _____ Email address:_____

Are you a current or future job applicant? Yes ☐ No ☐ If no, provide reason for ride along request:

_____

_____

II. INDEMNITY AGREEMENT AND WAIVER OF LIABILITY

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. BY SIGNING, YOU WAIVE YOUR RIGHT TO SUE THE CITY OR ITS EMPLOYEES.

I, _____, on behalf of myself and/or my child, _____, in consideration of permission from the Department to ride in a department vehicle as part of the Ride-Along Program, and intending to be legally bound by this agreement, hereby agree to indemnify, defend, and save and hold harmless the City of Meridian and its officers, agents, and employees, from and against any and all losses, claims, actions, judgments for damages or expenses, or injury to myself or to my child, to other persons, or to property caused or incurred by myself or my child in connection with or arising out of my or my child's participation in the Ride-Along Program. I acknowledge that my or my child's participation in the Ride-Along Program may carry a risk of injury, illness, and/or death, and with that knowledge hereby assume for myself or for my child all risks and hazards of participation in the Ride-Along Program. I forever waive and release, on behalf of myself, my child, any and all claims and/or rights for damages I or my child now have or may hereafter have against the City of Meridian and/ or its officers, agents, and employees, suffered in connection with or arising out of my or my child's participation in the Ride-Along Program.

I understand that in the course of participating in the Ride-Along Program, I or my child may gain access to or knowledge of confidential information, and that as a condition to participate in the Ride-Along Program, I agree to honor the confidentiality of such information. I acknowledge that the dress code for all riders includes casual business attire and closed-toe shoes as per Department policy, that participants may not wear a uniform of any kind while participating in the Ride-Along Program, and the ride-along privileges may be declined due to inappropriate clothing.

I have read and do understand and accept all terms of this agreement and all Department Ride-Along policies.

_____ _____ _____

Signature Date Print Name

III. APPROVAL AND ASSIGNMENT (INTERNAL USE ONLY)

_____ _____ _____

Officer or Employee Assigned Shift Assigned Date of Ride-Along

_____

Chief or Designee Signature

Officer Feedback

Dressed Appropriately? Yes ☐ No ☐ If no, why? _____

Would you recommend this person be allowed to ride again? Yes ☐ No ☐

If no, why?

Officer Signature: _____ Ada#: _____