

Longmont Police Department
RIDE-ALONG APPLICATION

LEGAL NAME _____ DATE _____

ADDRESS _____ DATE OF BIRTH _____

PHONE # WHERE YOU CAN BE REACHED BETWEEN 8 AM AND 5 PM _____

SECONDARY PHONE # _____ MALE ____ FEMALE ____

ALL RIDE-ALONGS WILL BE SCHEDULED BY PATROL OPERATIONS AND APPLICANTS WILL BE NOTIFIED OF DATE AND TIME TO RIDE AFTER APPROVAL IS OBTAINED FROM THE WATCH COMMANDER OF PATROL SERVICES DIVISION.

Riding time desired:

Watch I 7:15 am – 2:30 pm _____

Watch II 2:30 pm – 9:45 pm _____

Watch III 9:45 pm – 5:00 am _____

Traffic 7:15 am – 2:30 pm _____ 9:45 am – 5:00 pm _____ 11:45 am – 7:00 pm _____

All shifts are not available all days of the week.

Animal Control 7:15 am – 2:30 pm _____ 8:45 am – 4:00 pm _____ 10:45 am – 6:00 pm _____

All shifts are not available all days of the week.

School Resource Officers _____ Dates and times to be determined by supervisor

Are you or have you been court or probation ordered to complete this Ride-Along? _____

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OFFICE USE ONLY

1. Application reviewed for completeness by: _____ 2. Copy of rules and regulations given to rider _____

3. Rider checked and logged for frequency by _____ 4. Clearance and history completed by _____

5. Clear Y _____ N _____ Criminal History Y _____ N _____ *Attach associated paperwork*

6. Approved by Watch Commander _____

6. Date and Time Scheduled _____ Notified by: _____

Beat _____ Officer _____

Citizen completed Ride-Along Yes _____ No _____

WARNING

TO RIDE-ALONG

PARTICIPANTS

Some vehicles **DO NOT** have passenger side air bags activated. If this is a concern to you, you **SHOULD NOT** participate in this program.

If you still wish to participate in the ride-along with this acknowledgement, please sign below. If under 18 years of age, Parent or Guardian MUST sign.

Ride-Along Participant

Date

Parent/Guardian

Date

**CITY OF LONGMONT POLICE DEPARTMENT
AGREEMENT ASSUMING RISK OF INJURY AND DAMAGE
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, _____ request the Longmont Police Department allow me to accompany a member or members of the police department during the performance of their official duties.

I, _____ am the parent and guardian of _____ and I request the Longmont Police Department allow my child to accompany a member or members of the police department during the performance of their official duties.

I do hereby agree:

1. *That I am aware that the work of the Longmont Police Department may be inherently dangerous and that I /my child may be subjected to the risk of death, personal injury, or damage to my property by accompanying a member or members of the department during the performance of their official duties;*
2. *That I voluntarily and knowingly assume for myself/ my child the risk of death, personal injury, or property damage arising from or in any way connected with the use of vehicles; weapons; unlawful acts; or forcible resistance by law violators or suspected law violators; fire; explosion; gas; electrocution; or injury in any other way while accompanying a member or members of the department during the performance of their official duties;*
3. *That the City of Longmont, its officers, agents, and employees shall not be responsible or liable for any injury, damage, loss, or expense, either to me, my child, or my property, incurred while accompanying any member or members of the Longmont Police Department during the performance of their official duties, whether resulting from any negligent act or omission on the part of any member of the Longmont Police Department or any member of the public;*
4. *That the Longmont Police Department is not assuming a special duty to me/my child, and;*
5. *For myself, my child, my heirs, executors, administrators, and assigns to defend and indemnify the City of Longmont, its officers, agents, employees against any and all manner of actions, causes, suits, debts, claims, demands, damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine/my child while accompanying any member or members of the Longmont Police Department during the performance of their official duties.*

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION – YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. READ THIS DOCUMENT IN FULL BEFORE SIGNING.

Date

Ride-Along Participant Signature

Parent/Guardian Signature

Witness

Address

Phone

EMERGENCY/MEDICAL CONTACT INFORMATION

I authorize the City of Longmont to procure medical treatment for myself/my child in the case of emergency at my own cost and expense. I understand the City will make a reasonable attempt to notify me in the event of an emergency with my child.

Date

Ride-Along Participant Signature

Parent/Guardian Signature

Witness

Address

Phone

