



PAGEDALE POLICE DEPARTMENT

Ride Along Application and Release

Permit, Release, and Indemnification Agreement

I, _____, in consideration of being granted permission to ride in a Pagedale Police vehicle and of accompanying a Pagedale Police Officer for the purpose of observing and becoming familiar with the operation of a Pagedale Police Officer in the actual performance of his/her duties, do hereby release and discharge the City of Pagedale, the Pagedale Police Department and all their officers and employees from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss of damages, in any claim or demands therefore on account on injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in an automobile or other vehicle of the Pagedale Police Department or in the company of an officer of the Pagedale Police Department for the above mentioned purposes, while said officer is officially discharging his duties.

I further assume all risk of death, injury, loss or damage to my person, property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Pagedale, Pagedale Police Department, their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Pagedale, Pagedale Police Department and all other officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Pagedale Police Department vehicle or other vehicle or in the company of a Pagedale Police Officer, while said officer is officially discharging his duties.

Applicant's Signature

Date

Parent/Guardian's Signature
(Required if applicant is under the age of 21)

Date

Patrol Commander's Signature

Date



PAGEDALE POLICE DEPARTMENT

Ride Along Application and Release (Con't)

If accepted for the Ride-Along Program, you are reminded that your role is that of an observer. You are not to become involved, verbally or physically, with suspects or citizens.

You will be the responsibility of the Police Officer with you have been assigned. You must obey all orders given by any Police Officer and you are to remain in the Patrol Car unless otherwise directed.

The Department requires that all participants be neatly dressed when riding in a Patrol Car. The accepted dress is shirt/blouse, slacks, shoes and jacket/coat.

Please Print

Date(s) requesting to ride _____

Name _____

Address/City/State/ZIP _____

Age _____ Date of Birth (MM/DD/YYYY) _____

Cell Phone _____ Email Address _____

TO BE COMPLETED BY THE ON DUTY SUPERVISOR ON DAY OF RIDE ALONG	
<input type="checkbox"/> Criminal/Wanted Check Performed and no wanted or convictions found.	
_____ Supervisor Signature/DSN	_____ Date



PAGEDALE POLICE DEPARTMENT

Ride Along Application and Release (Con't)

Emergency Contact

Name _____

Address/City/State/ZIP _____

Relationship _____ Phone _____

Doctor's Name/Hospital Preference _____

Reason why you wish to participate:

Applicant's Signature

Date

Parent/Guardian's Signature
(Required if applicant is under the age of 21)

Date