



# DOUGLAS POLICE DEPARTMENT

## Ride-Along Authorization and Indemnification Waiver

Name		Date of Birth	
Home Address		City	State    Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation		E-mail Address	
Reason for Request		Ride along form for:    Patrol <input type="checkbox"/> Communications <input type="checkbox"/>	
Do you have a disability that may require accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe			

**A copy of your Driver's License or other photo ID must be attached to this form when submitting it for consideration.  
Dress is business casual. NO JEANS allowed.**

### THIS IS A RELEASE OF LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of the training and/or education I will receive by being allowed to accompany one or more police officers of the City of Douglas Police Department, I, the undersigned, acknowledge and fully understand I will be engaging in activities that involve risk of serious injury or death which might result from my own actions or inactions, the negligence of others, and the risks inherent in accompanying a police officer in the normal course of his or her duties. I assume and accept personal responsibility for all such risk. I am aware the passenger-side airbag in the vehicle is deactivated, and I assume and accept personal responsibility for any increased risk associated with that deactivation. **(initials)**\_\_\_\_\_.

I further agree to indemnify and hold the City of Douglas and its officers, employees and agents harmless from any loss, damage or injury to me while accompanying a City of Douglas police officer in the course of his/her duties or otherwise. If I am under 18, my parent(s) or guardian(s) also agree to indemnify, defend and hold the City of Douglas and its officers, employees and agents harmless from any loss, damage or injury to the minor while accompanying a City of Douglas police officer. This indemnification applies to losses, damages or injuries caused or alleged to be caused, in- whole or in part, by the negligence or conduct of the City of Douglas or its officers, employees or agents. This release of liability applies to me, the undersigned, and to any of my personal representatives, assigns, heirs and next of kin.

I further expressly give consent to the Douglas Police Department to initiate a background check on me and certify the above listed information is accurate and true.

I have read the waiver and release. I understand I have given up substantial rights by signing it, and I sign this waiver and release voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

## Ride-Along Authorization and Indemnification Form (Cont.)

Name: \_\_\_\_\_

### TO BE COMPLETED BY POLICE DEPARTMENT PERSONNEL

#### BACKGROUND CHECK

Clear Records?                      Yes    No                      Clear ACIC/NCIC?                      Yes    No

Records Cleared By: \_\_\_\_\_  
(Please attach records to form)

\_\_\_\_\_  
Operations Lieutenant                      \_\_\_\_\_                      Approved                      Disapproved  
Date

\_\_\_\_\_  
Communications Supervisor                      \_\_\_\_\_                      Approved                      Disapproved  
Date

Disapproved for the following stated reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Ride Along:

Officer Assigned:

Form Completed and Assigned By: