

West Plains Police Department
Ride-Along Program
Application Form

Applicants Name: _____ Phone: _____

Address: _____ Phone: _____

Date of Birth: _____ Age: _____ Driver's License #: _____

Occupation: _____ Employer: _____ School: _____

Dates I am available to ride: _____

Emergency Notification Information:

Name: _____ Address: _____

Phone #'s: _____ City: _____

Do not write below this line. West Plains Police Department use only.

Approved: _____

Disapproved: _____

Supervisor: _____ Date: _____

West Plains Police Department
Ride-Along Program
Application Form

Reason for Riding:

Are you in the Police Academy? :

YES: _____ NO: _____

City of West Plains Police Department Ride-Along Program Voluntary Assumption of Risk and Release of Liability Agreement

I _____ **Hereby Acknowledge** that I have voluntarily applied to participate in the West Plains Police Department Ride-Along Program. I have read, understood and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program. **INITIAL:** _____

I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS due to many factors, including the possibility of high speed chases, armed suspects, and potential emotional trauma. **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPOPNIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of the City or otherwise resulting from any aspect of my voluntary participation in the West Plains Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL:** _____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF WEST PLAINS, it's elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from the negligence of the City of West Plains, it's elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the West Plains Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL:** _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: _____

Witness signature: _____ Date: _____

(If Applicant is Under 18 years of age) **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT FOR MY CHILD OR TRUSTEE TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF WEST PLAINS FROM ALL LIABILITY RESULTING FROM MY CHILD OR TRUSTEE'S PARTICIPATION IN THE RIDE-ALONG PROGRAM. I HAVE CAREFULLY EXPLAINED THE RELEASE, IT'S SIGNIFICANCE AND THE ASSUMPTION OF RISK TO MY MINOR CHILD OR TRUSTEE. BY SIGNING BELOW, I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE PROGRAM AND AGREE TO BE BOUND TO THE TERMS AND CONDITIONS OUTLINED HEREIN.**

Parent or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____