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## RIDE ALONG APPLICATION AND LIABILITY RELEASE

Name:				
First Date of Birth:	Middle		Last Last Last 4 SSN:	
Date of Birth:	Age:	Last 4 SSN	1:	
Current Address:				
Street			State	Zip
Phone Number:				•
Employer:				
Name           Emergency Contact Name:	Address	Address Phone Num Relationship:		Number
Address:Are you interested in a career in law enforcement		V N-		
		No		
If you are a student, what school do you attend:				
Grade/Major:				
Purpose of Ride-Along:	Preferred Dates and	Time: 1)		
		2)		
		3)		
Questions:				
1. Are you currently under the care of a doctor?		Yes	No	
2. Are you currently taking any medications?		Yes	No	
3. Have you ever been charged with any criminal *If yes, please explain:		Yes	No	
4. Have you ever been convicted of any criminal of *If yes, please explain:	offense or traffic offense?	Yes	No	
<ol> <li>Ride-along participants must be at least eighteen clothing, including appropriate shoes. A collare No shorts, T-shirts, or open-toed shoes will be a 2. Ride-along participants will not carry a firearm 3. Ride-along participants are required to wear a p 4. Ride-along participants are required to wear his 5. The ride-along participant shall be under the dir 6. No ride-along participant will be permitted to ca 7. You may observe an event during your ride whi 8. Participation in the Ride-Along Program is limit I.</li> </ol>	d shirt and khaki pants are recom llowed. or other weapon, regardless of an rotective vest, provided by the De /her safety belt at all times while is rection of the officer with whom h arry and use cameras and or recor ich could require your appearance ted to once every ninety (90) days _, request to be an observer of pol	mended; jeans, if y legal authorizat epartment, at all ti riding in police ve he/she rides at all to ding devices with in court as a witr and a maximum lice operations by	worn, cannot ion they may mes. chicles. times. out prior appr ness. of three (3) riv participating	have holes. possess. oval. des per year. in the Goldsboro
Police Department Ride-Along Program and ride w duties or in any way interfere with the functioning of follow all directions issued by Goldsboro Police De confidential nature shall not be repeated. I, the und information which I have provided.	of any officer. I also agree to abio epartment personnel. As an obser	de by all rules and ver I understand t	l regulations c hat all inform	outlined herein an ation of a
Applicant's Printed Name	Applicant's Signature		Dat	te
	FOR OFFICIAL USE ONLY			
Date Received: Approved:		denial:		
Shift Assignment:	Date/Time of Ride-A	long:		
Operations Bureau Major Signature:				
Shift Supervisor Signature:				
Assigned Officer Signature/Printed Name:				

Comments: \_\_\_\_



## GOLDSBORO POLICE DEPARTMENT



## ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

WHEREAS, I, \_\_\_\_\_\_, have requested that I be allowed to ride as a passenger in the Police Department vehicles of the City of Goldsboro, North Carolina, and to accompany police officers of the City while engaged in the performance of their duties, to study and observe for my own benefit the functions and operations of the Goldsboro Police Department and its personnel; and

WHEREAS, the Police Department has explained to me some of the risks of accompanying an on-duty officer and has advised me that there is a risk of injury and death; and

WHEREAS, I desire to accompany Goldsboro Police officers at my own risk and I recognize the possible and inherent danger to my person and property; and

WHEREAS, the City of Goldsboro does not wish to be liable for any damages arising from injuries to me or my property;

NOW, THEREFORE, in consideration of the permission to accompany officers of the Goldsboro Police Department while engaged in the performance of their duties for myself, my spouse, heirs, executor or administrator, and personal representatives, I:

- a. Recognize and assume the risk for any personal injury to me or damage to my property which may occur, directly or indirectly, while riding in a police vehicle or accompanying any police officers of the City of Goldsboro while in the performance of their duties;
- b. Fully and forever release and discharge the City of Goldsboro, its agents and employees, from any and all claims, demands, damages, rights of actions, or causes of actions, present or future, resulting from or arising out of my accompanying any police officers of the City of Goldsboro while in the performance of their duties;
- c. Agree to indemnify and hold harmless the City of Goldsboro, its officers and employees, for any acts or conduct of mine of whatever kind or nature while accompanying any police officers while in the performance of their duties;
- d. Agree to defend and to pay any attorney fees as a result of any action brought by or against the City of Goldsboro, its officers or employees, for any wrongful acts or conduct of mine while accompanying any police officers in the performance of their duties;
- e. Agree to abide by any applicable rules of the Goldsboro Police Department and to follow any directions or requests from officers I am accompanying;
- f. Agree that this Assumption of Risk and Indemnity Agreement be in full force and effect upon execution;
- g. Understand that I must obtain a supervisor's permission before I begin to ride with or accompany any police officers while engaged in the performance of their duties.

Applicant's Printed Name

Applicant's Signature

Date