UKIAH POLICE DEPARTMENT RIDE ALONG/ SIT ALONG PROGRAM APPLICATION

PLEASE COMPLE	DISPA Ukiah Attn: D 300 Se	ENT SECTIONS TCH SIT ALON Police Departr Dispatch Super Eminary Avenu CA 95482	NG REQUEST ment rvisor	PPLICA	RIDE Ukiah Attn: 300 S	ALOI Polic Lieut Semin	IE APPROPE NG REQUE ce Departm enant ary Avenue 95482	ST ient	OGRAN	м сооі	RDINATOR.	
PRINT NAME (LAST, FIRST	, MIDDLE)			SOCIA	L SECURI	TY NUME	BER	DATE				
(MAIDEN)												
STREET ADDRESS				CITY			STATE ZIP COL	DE CONTA	E CONTACT PHONE #			
DRIVERS LICENSE NUMBE	ER			SEX	RACE	AGE	DATE OF BIRT	н нт	WT	HAIR	EYES	
E-MAIL ADDRESS												
OCCUPATION		BUSINESS PHONE										
DO YOU HAVE ANY PAST A		•	'								S IF NECESSARY.	
DO YOU HAVE ANY PHYSI		_	/ES									
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CUIET				ATION, CHECK AS MANY AS PRAC				TICAL. FRIDAY SATURDAY				
SHIFT GRAVEYARD	SUNDAY	MONDAY	TUESDAY	WEDIN	ESDAY		THURSDAY	FRIDA	41		SATURDAT	
DAY												
SWING / MID										_		
	a criminal check agency, agencie ah Police Depar the Ukiah Police nds to any and a understand that sies and I further encies, their ag kind arising ou inding on my leg	c and a warrant es of the govern rtment any and ce Department all information t I will not rece er understand t ents and repre ut of the furnish gal representati EAD THIS DO	nment of the Unall information in evaluating numbers and age that these reposesentatives and inspendents, heirs and a CCUMENT COR GUARDIAN	nited St. which some eligible notes or not entite rts are down any potting of assigns. DMPLE IS RECORDING ST.	ates of aid agoillity for any of any	f Amegencies particular particula	erica, and a es or any of ticipation in n may have w the conte I hereby re shing infor ments, reco	gencies them ha the Ride about m ents of c lease, di mation fi ords and	of the ve abo e Along ne, whe confider scharg rom an other	State of out me, g/ Sit A ether puntial ree, and any and information	of California to for the limited long Program. Iblic, personal, ports received agree to hold all liability of ation, and this	
					SIGNATURE OF PARENT OR GUARDIAN L OUT BOTH SIDES***** MENTAL USE ONLY							
DATE/TIME	TO PARTICIF	PATE:										
									_			
SUPERVISOUPD 01 (REV	DISF	OFFICER(S):										

INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned

being an employee or agent of the City of Ukiah

not being a member, employee or agent of the Ukiah Police Department or the City of Ukiah

has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Ukiah Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

Now, therefore, in consideration of the City of Ukiah, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Ukiah, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the City, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the City, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Ukiah Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during the Ride-Along Program.

I understand that during the Ride-Along Program or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE MINORS OR CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

Date:									
Signature of Applicant			Signature of Parent or Guardian						
	F	FOR POLIC	CE DEPARTMENT USE ONLY						
APPROVED DISAPPROVED (WITH CAP)	TAIN APPROVAL (ONLY)	LIEUTENANT:	DATE:					
			SUPERVISING DISPATCHER:	DATE:					
APPROVED DISAPPROVED			CAPTAIN:	DATE:					
COMMENTS									
	YES	NO	CHECKS COMPLETED BY:						
DL OK			BADGE NUMBER:						
CITY CLEAR			DATE:						
WARRANT CLEAR									
CRIMINAL HISTORY CLEAR									
PAST RIDE CLEAR									
COUNTY CLEAR		i							