



San Pablo Police Department's



APPLICATION FOR COMMUNITY POLICE ACADEMY AND POLICE RIDE ALONG PROGRAM

Academy and Ride Along

Ride Along Only

Name (Last, First, MI), Date of Birth, Home Address, Phone, City, State, Zip, CDL / ID # / OTHER, Reason for Request

EMERGENCY CONTACT INFORMATION

Name, Relationship, Address, Phone

RISK WAIVER AGREEMENT

I hereby request permission to ride as a guest in a vehicle assigned to the San Pablo Police Department... I understand that by participating in the Ride-A-Long Program, I may be placing myself in a position of DANGER...

I RELEASE THE CITY OF SAN PABLO, THE DEPARTMENT, and any and all employees, officers or agents from liability for any injury, damage or claim of any kind resulting from any accident or incident which occurs during the ride-a-long...

This Release and Waiver is binding on myself, my heirs, executors, administrators and assignees. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Signature, Date, Print Name

OFFICIAL USE ONLY

Application Received By, Date, Background Check Completed By, Date

DMV Printout/Photo, Aries, NCIC, RAP, WRNTS, R/O, JAWS

Community Sergeant, (Academy Only) Recommend Approval, Division Commander, Recommend Approval, Chief of Police, (Academy Only) Rec. Approval



SAN PABLO POLICE DEPARTMENT **POLICE RIDE ALONG INSTRUCTIONS**

Strict adherence to the following instructions is necessary in order to safeguard participants and to minimize the possibility of interference with normal Department activities. Failure to comply with these instructions will result in the immediate termination of the Ride Along.

- All participants must sign the Risk Waiver Agreement prior to beginning their Ride Along assignment.
- Participants will be under the complete control of the sworn officer at all times.
- Participants shall not leave the patrol car at the scene of any police activity without the permission of the officer.
- Participants shall not engage in any police activity unless specifically requested by the officer.
- Participants shall not converse with prisoners, suspects, witnesses or any other parties contacted during the course of police business.
- Participants shall not interfere with the officer's activities at any time. However, it is desirable and you are encouraged to ask questions at an appropriate time.
- Participants shall be dressed in clean and appropriate attire.
- Cameras, tape recorders, video recorders or any other recording devices are prohibited.

I have read and understand the foregoing instructions.

Signed _____ Date _____

Print Full Name _____

SPPD989-100A
Revised 06/25/15



San Pablo Police Department PHOTO PERMISSION SLIP



I, _____, PRINT NAME, grant permission to the City of San Pablo, its employees and/or agents acting on its behalf, to take and/or use visual/audio images of me. The City of San Pablo, its employees and/or agents acting on our behalf WILL NOT materially alter any original visual and/or audio image.

Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that the City of San Pablo owns the images and all the rights related to them and that the images may be used in any manner or media without notifying me. This includes, but is not limited to, San Pablo Police Department affiliated web sites, publications, promotions, broadcasts, advertisements, posters, presentations, and any other City of San Pablo uses. I waive any right to inspect and/or approve the finished images or any printed or electronic matter that may be used with them.

I release the City of San Pablo and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Print name

Date

Signature



San Pablo Community Police Academy RELEASE AND WAIVER



I, _____ PRINT NAME _____, am participating in the San Pablo Police Department's Community Police Academy. I understand that I may contact PST Alma Pelayo at 510-215-3157 regarding any questions or concerns.

I, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF SAN PABLO, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as 'releasees') from all liability to the participant and undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any active or passive, reckless, gross or ordinary negligent act or omission of the releasees or otherwise while the undersigned is participating in the City activity.

The undersigned hereby agrees to **DEFEND, INDEMNIFY AND HOLD HARMLESS** the releases from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in this activity whether caused by any negligent act or omission of the releases, whether active or passive, gross or ordinary negligence, or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law.

I hereby **CONSENT** to participate in the above activity and I execute this **RELEASE and WAIVER** on my own behalf.

I further understand that photographs may be taken of me during the course of these activities and that these photographs may be used in the City of San Pablo publications.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Print name

Date

Signature