



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 ("Department") during the performance of official duties. I understand that by participating in the Ride-A-Long Program, I may be placing myself in a position of DANGER. I am aware that the work of the Department is inherently dangerous, and that I may be subjected to the RISK OF DEATH OR PERSONAL INJURY OR DAMAGE TO MY PROPERTY by accompanying member(s) of the Department during the performance of official duties. I freely, voluntarily and with such knowledge ASSUME THE RISK OF DEATH, PERSONAL INJURY AND PROPERTY DAMAGE arising directly or indirectly from my participation in this program. I also authorize San Pablo Police Department to conduct the below limited background check.

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, regardless of whether the cause is due to the condition of the city equipment, the active or passive negligence of a city employee, or any other cause, and I further WAIVE ANY RIGHT TO BRING ANY ACTION, legal or otherwise, against the City of San Pablo, the Department, or any agent, employee or officer of the city for any injury I may sustain as a result of my participation.

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, YES, NO



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 _____

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