



"FOR THE PEOPLE"

CITY OF WILLITS POLICE DEPARTMENT



"FOR THE PEOPLE"

RIDE ALONG PROGRAM INFORMATION AND APPLICATION

A RIDE ALONG IS LIMITED TO **FOUR (4)** HOUR RIDES ANYTIME OF THE DAY OR NIGHT, DEPENDING ON OFFICER AVAILABILITY.

FILL IN THREE (3) DATES AND TIMES THAT WOULD BE PREFERABLE. IF NONE ARE AVAILABLE, YOU WILL BE RECONTACTED FOR ADDITIONAL CHOICES.

THERE IS OFTEN A WAITING LIST OF PERSONS WANTING TO RIDE AND IT IS ADVISABLE TO GIVE US AS MUCH ADVANCE REQUEST DATES/TIMES AS POSSIBLE.

DATE: _____

TIME: _____

DATE: _____

TIME: _____

DATE: _____

TIME: _____

YOU WILL BE NOTIFIED AS TO WHAT DATE AND TIME YOU WILL RIDE ALONG.

YOU MUST COMPLETE THE FOLLOWING:

YOUR FULL NAME (PRINT): _____

YOUR ADDRESS/PHONE: _____

YOUR DATE OF BIRTH: _____ AGE: _____

YOUR DRIVER'S LICENSE NUMBER: _____ STATE: _____

PLEASE WRITE A BRIEF NARRATIVE AS TO WHY YOU ARE INTERESTED IN GOING ON A RIDE ALONG:

CITY OF WILLITS POLICE DEPARTMENT

ACTIVITY- RIDE ALONG PROGRAM: The undersigned voluntarily wishes to participate in a ride along program, which is a hazardous activity with the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent actions of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the ride along program. I certify that I am physically able to participate in the ride along program, and have not been advised otherwise by a qualified medical person.

GENERAL AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above city to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for person injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the above city (its officers, employees, and agents) from and against and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city (its officers, employees, or agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city (its officers, employees, and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the city (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE CITY, AND I SIGN IT OF MY OWN FREE WILL. (Each participant must personally sign.)

Signature _____ Date _____

Address: Street, City, Zip _____ Telephone Number _____