POLICE DEPARTMENT



STEVE FRAZIER

CHIEF OF POLICE

Ride-Along Application

Name: DOB	3:	
Address:		
STREET STAT	TE ZIP	
Telephone: CDL	÷	
Reason for wanting to participate in the Ride-Along Program:		
Please check one: Student Citizen	Applicant	
Applicants that are approved to participate in the program will be notified, and then scheduled for a Ride-Along.		
1. Ride-Along participants must read and sign the Declaration of Assumption of Risk and Release of Liability Form prior to riding.		
2. No cameras and / or audio or visual recorders will be permitted.		
3. Applicants under the age of 18 must have parental approval to participate in the program.		
4. Appropriate clothing will be worn, and no gang attire will be allowed.		
5. No weapons will be carried unless you are a sworn law enforcement officer.		
6. Participants will listen to their host officer and do exactly as directed.		
Applicant Signature ***********************************	Date	
For Department Use Only		
Dispatch: Checked CLETS / Warrants / ANI and CDL Sergeant's Approval	EQUAL HOUSING OPPORTUNITY	
330 South C Street, Madera, California 93	TDD (550) 074 0004	

(559) 675-4200 * FAX (559) 674-4844

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Police Ride-Along Program Declaration of Assumption of Risk and Release of Liability

	has made a voluntary request for permission to
operated and manned by a member or members operformance of their duties as Police Officers.	Department vehicle at a time when such vehicle is of said law enforcement department during the active
inherently dangerous and involve possible risks of property. The undersigned further understands sa disturbances; explosions or shootings; assaults at	activities of said law enforcement department are of injury, death, and damage or loss to person and aid risks may arise from, but are not limited to, civind/or batteries; vehicular collision; and the effects of assume all of said inherent risks, whether or not they
City of Madera Police Department, I, and my pare release and discharge any and all claims for dam which I may have, or which hereafter accrues to n officer, officials, agents, employees and volunteers and against any and all liability arising out of or coalong program, even though that liability may arise persons or entities mentioned above. I further uncoparticipation in the ride-along program; knowing those risks and to hold harmless all of the penegligence or carelessness) might otherwise be like	ion to participate in the ride-along program with the nts if I am under the age of 18 years, hereby waive, nages for death, personal injury or property damage ne, against the City of Madera, its Council members, and any other municipalities or public entities from onnected in any way with my participation in the ridectout of the negligence or carelessness on the part of derstand that accidents and injuries can arise out of the risks, nevertheless, I hereby agree to assume ersons or entities mentioned above who (through able to me (or my heirs or assigns) for damages. It is ease and assumption of risk is to be binding on my
The undersigned acknowledges that s/he has completely aware of the potential dangers incident legal consequences of signing this release of liability	read the foregoing three paragraphs, is fully and all to participating in the program, and is aware of the ty.
Rider's Signature If under 18 years of age, parent or legal guard	Datelian must sign below.
Parent's Signature	Date
Witnessing Officer	Date: EQUAL HOUSING
330 South C Street Made	OPPORTUNITY <i>TDD (559) 674-8304</i>

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