



POLICE DEPARTMENT

Gino Chiamonte
CHIEF OF POLICE

Ride-Along Application

Name: _____ DOB: _____

Address: _____
STREET STATE ZIP

Telephone: _____ CDL: _____

Reason for wanting to participate in the Ride-Along Program:

Please check one: Student Citizen Interested in Law Enforcement

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



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TDD (559) 674-8304

330 South C Street, Madera, California 93638
(559) 675-4200 * FAX (559) 674-4844

POLICE DEPARTMENT



Gino Chiamonte
CHIEF OF POLICE

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

The undersigned _____ has made a voluntary request for permission to ride as a guest or observer in a Madera Police Department vehicle at a time when such vehicle is operated and manned by a member or members of said law enforcement department during the active performance of their duties as Police Officers.

The undersigned acknowledges the work and activities of said law enforcement department are inherently dangerous and involve possible risks of injury, death, and damage or loss to person and property. The undersigned further understands said risks may arise from, but are not limited to, civil disturbances; explosions or shootings; assaults and/or batteries; vehicular collision; and the effects of wind, rain, fire and gas; and I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.

In consideration of the acceptance of my application to participate in the ride-along program with the City of Madera Police Department, I, and my parents if I am under the age of 18 years, hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrues to me, against the City of Madera, its Council members, officer, officials, agents, employees and volunteers, and any other municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the ride-along program, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of participation in the ride-along program; knowing the risks, nevertheless, I hereby agree to assume those risks and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs or assigns.

The undersigned acknowledges that s/he has read the foregoing three paragraphs, is fully and completely aware of the potential dangers incidental to participating in the program, and is aware of the legal consequences of signing this release of liability.

Rider's Signature _____ Date _____
If under 18 years of age, parent or legal guardian must sign below.

Parent's Signature _____ Date _____



Witnessing Officer _____ Date: _____



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