

Mead Police Department 537 Main St. P.O. Box 31 Mead, CO 80542 (office) 970-805-4194 (fax) 970-535-4770

## "RIDE ALONG" APPLICATION AGREEMENT OF ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Whereas, I,	(DOB)//, of	, not
(Print full name)	(Date of birth)	(Street Address, City, State, Zip)
		ride as a guest in a vehicle assigned to the Mead Police Departmen
and to accompany a member or members of	the Police Department during the p	erformance of their official duties, and;
Whereas the Mead Police Department is w	villing to allow me to ride as a guest	in a vehicle assigned to the Police Department and to accompany
member or members of the Police Department, is w		
member of members of the Folice Departing	shi during the performance of their	dutes on the following conditions.
Now therefore in consideration of the nerm	ission given to me to ride in a vehicle:	assigned to the Mead Police Department and to accompany a membe
or members of said Police Department durin	_	• , , ,
or members or said tonce beparement dam	b performance of their official duties	, ruo neresy agree.
1. That I am aware that the work of the Police Dep	partment is inherently dangerous and tha	t I may be subjected to the risk of death or personal injury or damage to my
·	·	rformance of their official duties and that I freely, voluntarily and with such
knowledge assume the risk of death, personal injur	ry, or property damage arising from or in a	ny way connected with the use of weapons, unlawful acts or resistance by lav
· · · · · · · · · · · · · · · · · · ·		electrocution or the escape of radioactive substances while accompanying a
member or members of the Police Department du	iring the performance of their official dut	ies.
2 That the Town of Mead, Chief of Police, his sure:	tios all members of the Moad Police Don:	rtment, their sureties, and each of them shall not be responsible or liable fo
		vehicles assigned to the Mead Police Department or while accompanying any
		es and resulting from any negligent act or omission on the part of any membe
of the Mead Police Department or myself.		, , , , , , , , , , , , , , , , , , , ,
	•	e Town of Mead, Chief of Police, all members of the Mead Police Department
		es, debts, claims, demands or damages or liability or expense of every kind and
		ission while riding in any vehicle assigned to the Mead Police Department of
continue in full force and effect notwithstanding t		rmance of their official duties. The foregoing agreement to indemnify shal
continue in ruii force and effect notwithstanding t	ne conclusion of my participation with th	e ride along program.
I haraby doclars that I have caref	fully road understood and	voluntary accepted the contents and terms of this
-	•	voluntary accepted the contents and terms of this
document and sign the same of I	my own free will.	
SIGNATURE OF APPLICANT / RIDER	₹	DATE
SIGNATURE OF PARENT / GUARDIA	AN (if applicant is a minor)	DATE
·	, ,,	
PHONE NUMBER / CELL NUMBER		OCCUPATION
THORE NOMBER / CELE NOMBER		occontrict.
DATE / TIME YOU WOULD LIKE TO	PIDE	OFFICER YOU WOULD LIKE TO RIDE WITH
DATE / TIME TOO WOOLD LIKE TO	NIDL	OFFICER 100 WOOLD LIKE 10 RIDE WITH
DECDO	ICIDILITIES OF ADDITIONAL !	DEDCOM DIDING ALONG
	SIBILITIES OF APPLICANT /	
		he Police Department, unless instructed by the Officer. You will no
		police incident or investigation. You will wear a seatbelt while in the
·		, any other Officer, or an Officer's Supervisor immediately. You will aid
		attired appropriately, not wearing any clothing displaying obscene
		ETC.) and bring with you clothing for changing weather conditions as
		r, or abide by the responsibilities stated herein, it may result in the
permanent termination of your ride-along p	rivileges. Policy 405, Ride-Alongs, ap	plies to this request.
	POLICE USE ON	<u>ILY</u>
APPROVED orDENIED on this date:	by:	Officer Assigned:
ONE-TIME or OCONTINUOUS (family sn	DOUGES ATC ) OF THINTH THIS DATE.	