

SAN DIEGO POLICE DEPARTMENT

RIDE ALONG REQUEST FORM

Date Received _____ Home Phone _____ Work Phone _____

Name _____ DOB _____

Home Address _____
STREET CITY/STATE ZIP

Business Address _____
STREET CITY/STATE ZIP

Occupation _____ Driver's Lic/ID _____ SS# _____

Division Assigned _____ Shift Desired _____ First Ride Along: Y / N

Reason _____ Request Received by _____

AUTHORIZATION FOR MEDICAL TREATMENT

I understand and agree that the City of San Diego does not, and will not, provide medical coverage for me/my child, and **I WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED** as a result of participation in the activity. I give authorization to a physician or surgeon, licensed under the provisions of the Medical Practice Act, to give me /my child, _____, care and/or emergency medical treatment when necessary.

Participant or Parent (Print Name) Signature Date

COORDINATOR USE

Routed to _____ Date _____ Watch _____

Ride Along File Checked: Y / N Age Waiver: Y / N

Captain Waiver: Y / N Captain's Signature _____

Records Check Results _____ Warrant Check Results _____

SUPERVISOR USE

Officer Assigned _____ If Ride Along Denied, Why? _____

OFFICER USE

Officer Assigned _____ Contact Date _____ Date of Ride Along _____

Obtain ID/Log Info. _____ Complete waiver _____ Advise Communications _____

Advise of Witness Obligation _____ Advise of Safety Precautions _____

Officer's Comments Attached: Y / N

SAN DIEGO POLICE DEPARTMENT

RIDE-ALONG WAIVER AND RELEASE OF LIABILITY

For and in consideration of the permission granted to me, _____
(or to my child, _____), by the City of San Diego to accompany
officers of the San Diego Police Department while on patrol, on _____ (date), I agree that:

1. Participation in the Ride-Along program is voluntary and I /my child freely choose to participate;
2. I acknowledge that participation may include inherently dangerous activities. I understand that police patrol involves, on occasion, extraordinary circumstances which may be hazardous to person or property, and I assume and accept all risks associated with participation, including bodily injury or death, or other loss, including damage to property;
3. Understanding that participation in the activity could involve potential risks of harm, not limited to those specified above, **I DO RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO AND THE SAN DIEGO POLICE DEPARTMENT, ITS OFFICERS, EMPLOYEES, AGENTS, AND VOLUNTEERS, WITH RESPECT TO ANY AND ALL SUCH INJURY OR LOSS**, except that injury or loss which results from the sole gross negligence or willful or wanton misconduct of one of those individuals;
4. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE CITY OF SAN DIEGO AND THE SAN DIEGO POLICE DEPARTMENT, its officers, employees, agents, and volunteers, FROM AND AGAINST ANY AND ALL LIABILITY INCURRED as a result of or in any manner related to participation in this activity.
5. I understand that while on patrol I/my child may become a material witness to incidents or events which form the basis for a criminal or civil proceeding. In this event, I/my child may be required by subpoena to testify as a witness.

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

I acknowledge by my signature that I have read and understand the terms that are set forth in this agreement. I have entered into this agreement freely and without duress.

Participant or Parent (Print Name) Signature Date