



# City of Nevada City

## Nevada City Police Department

### Ride Along Program Agreement

#### ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS

The undersigned, not being a member, employee or agent of any law enforcement department, had made a voluntary request for permission to ride as an observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the Nevada City Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of official duties.

The undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss of personal property and further agrees that said undersigned assumes any such risk.

The undersigned hereby agrees that the City of Nevada City, the Nevada City Police Department, the driver or owner of any automobile owned or operated by, or in service of the City of Nevada City, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever, by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while accompanying a member of said department during the active performance of his or her official duties as a peace officer. **\*THIS FORM MUST BE TUNED IN AT LEAST 5 DAYS PRIOR TO SCHEDULED RIDE ALONG.\***

#### ~READ THIS DOCUMENT COMPLETELY BEFORE SIGNING~

APPLICATION DATE: \_\_\_\_\_ WATCH DESIRED: 0700-1700 \_\_\_\_\_

1700-0300 \_\_\_\_\_

RIDER'S NAME (PRINTED): \_\_\_\_\_ 2100-0700 \_\_\_\_\_

RIDER'S SIGNATURE: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**\*\*FOR UNDER 18 YEARS OF AGE ONLY\*\*** Parent or Guardian (must sign this waiver in order to be valid).  
I have read and understand the above waiver and release or claim and execute the same on behalf of my child.

\*\*SIGNATURE: \_\_\_\_\_ \*\*PHONE: \_\_\_\_\_

\*\*ADDRESS: \_\_\_\_\_

\*\*BUSINESS ADDRESS: \_\_\_\_\_ \*\*PHONE: \_\_\_\_\_

This application will be reviewed and you will be contacted,

FOR DEPARTMENT USE ONLY: APPROVED BY: \_\_\_\_\_

Ride Along Date and Time \_\_\_\_\_ Officer: \_\_\_\_\_