

# CHICO POLICE DEPARTMENT REQUEST FOR RIDE ALONG

Name:		Date:	
Address:		Phone:	
City:	State:	Zip:	Email:
DOB:	DL / ID #:		
Applicant: Y / N	Position Applied For:		

### Indicate Division you wish to observe:

\_\_\_\_ Patrol                      \_\_\_\_ Animal Control                      \_\_\_\_ Dispatch  
\_\_\_\_ CSO                      \_\_\_\_ Other \_\_\_\_\_

*Once approved, we will call you to schedule a ride along.*

### FOR OFFICE USE ONLY

DDL \_\_\_\_\_

NCIC \_\_\_\_\_

LOCAL \_\_\_\_\_

Cal Photo: \_\_\_\_\_

Cleared by: \_\_\_\_\_

Lieutenant Approval: \_\_\_\_\_

Scheduled Date/Time of Ride Along: \_\_\_\_\_

Scheduled by: \_\_\_\_\_

Rode with Officer: \_\_\_\_\_

Sergeant Signature: \_\_\_\_\_

**PLEASE READ THE FOLLOWING  
DOCUMENT IN FULL BEFORE SIGNING**

**READ THIS DOCUMENT IN FULL BEFORE SIGNING**

**CHICO POLICE DEPARTMENT RIDE-ALONG PROGRAM  
DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, the undersigned, am \_\_\_\_\_ years of age and not a member of the Chico Police Department. I have made a voluntary request to participate in the Ride-Along Program of the Chico Police Department, during which I understand I will accompany any member of the Chico Police Department to whom I may be assigned during the performance of his/her duties which may include riding with said officer in a police department vehicle.

I understand that the Chico Police Department will allow me to participate in the Ride-Along Program only on the condition that I assume the risks involved in said participation and that I will release the City of Chico, its officers, agents, and employees from liability, as specified below, and agree to participate in the Ride-Along Program in these conditions.

I understand that the duties of the Chico Police Department are inherently dangerous and that I may be subjected to the risk of death, personal injury, or damage to my property during my participation in the Ride-Along Program. I further understand that said risks may arise from, but not limited to, the use of weapons and firearms; the acts and forcible resistance of criminal suspects; civil disturbances; explosions; electrocution; the escape of radioactive substances; the effects of wind, rain, fire, and gas; and vehicular collision and I freely and voluntarily assume all of said inherent risks, whether or not they are listed above.

In consideration of my being permitted to participate in the Ride-Along Program, I hereby for myself, my heirs, executors, and administrators waive, discharge, and release any and all claims against the City of Chico, its officers, agents, and employees (Releasees) for damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me arising out of or connected in any way with my participation in said program, even though that liability may arise out of negligence or carelessness on the part of the Releasees.

I further stipulate and agree, while participating in the Ride-Along Program, to be bound by all orders, rules, and regulations concerning my participation and to promptly obey all instructions of any police officers to whom I am assigned.

**I FURTHER ACKNOWLEDGE THAT:**

- 1. I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS;**
- 2. I UNDERSTAND THAT I AM ASSUMING ALL RISK INHERENT IN MY PARTICIPATION IN THE PROGRAM;**

3. I INTEND THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK TO BE BINDING ON ALL MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, AND ASSIGNS;
4. I VOLUNTARILY SIGN THIS DOCUMENT EVIDENCING MY ACCEPTANCE OF THE PROVISIONS HEREIN.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent if Participant is a Minor

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

APPROVED AS TO FORM:

Witness:

  
\_\_\_\_\_  
Vincent C. Ewing, City Attorney\*

\_\_\_\_\_  
Person Witnessing Signature of Participant

\*Approved pursuant to The Charter of the City of Chico, Section 906(D)

## **OBSERVER RULES AND INSTRUCTIONS**

1. Request for Ride Along must be completed, liability waiver must be signed and observer must be age fifteen (15) or older.
2. A criminal background or submission of false information of any type will disqualify the observer from the program.
3. Observer must agree not to discuss names of persons involved in police cases or incidents. Observer will be considered a confidant of the Police Department and it is essential that all matters pertaining to evidence or statements gathered in investigations be held confidential.
4. Observer must not leave the vicinity of the patrol vehicle unless cleared to do so by the officer.
5. When the officer is assigned to a dangerous mission, every effort will be made to leave the observer at a safe location until the officer or another police unit picks him/her up.
6. Observer or officer may terminate the Ride Along at any time.
7. The length of the Ride Along will not exceed two (2) hours unless cleared by the shift supervisor.
8. Observer must be clean and appropriately dressed (**no shorts, tank tops, or sandals**).
9. For purposes of safety and officer efficiency, the observer must obey all instructions and rules, written and verbal.
10. It shall be understood by the observer that participation in this program is a privilege, not a right and that the basic premise of the Ride-Along Program is to establish rapport with the Police and learn about the functions of law enforcement.

**IT WILL TAKE APPROXIMATELY FIVE (5) DAYS TO PROCESS YOUR APPLICATION.**

**IT IS YOUR RESPONSIBILITY TO CALL THE CHICO POLICE DEPARTMENT AT 897-4910 TO SCHEDULE YOUR RIDE-ALONG.**