



**CITY OF LAKEPORT
POLICE DEPARTMENT**
Ride-Along Form and Waiver

SUPERVISOR APPROVAL:
RIDE-ALONG DATE/TIME:
OFFICER:

INSTRUCTIONS: Complete, sign and return this form and waiver to the Lakeport Police Department at 2025 South Main Street, Lakeport CA 95453. Please submit 10 days before dates you are available to ride-along. A Police Supervisor will contact you regarding scheduling a ride-along within 5 business days upon receipt of form and waiver.

Name of Ride-Along: _____ DOB: _____

Other Names/Aliases: _____ Driver's License: _____

Address: _____

Phone Number: _____ Occupation: _____
If student: list school/grade

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone	Relation
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Reason for Ride-Along: _____

Have you been on a Ride-Along before? _____ What Agency? _____ When? _____

Dates/Hours available to ride: _____
Limited to 4 hours maximum, every 6 months, between 10am to 11pm

RIDE-ALONG PROGRAM AGREEMENT, WAIVER AND RELEASE

The undersigned voluntarily wishes to participate in a ride-along program, which is a hazardous activity with the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Ride-Along Program. I certify that I am physically able to participate in the Ride-Along Program, and have not been advised otherwise by a qualified medical person. In consideration for being permitted by the City of Lakeport Police Department to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the City of Lakeport Police Department, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or its officers, employees or agents. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the City of Lakeport Police Department, its officers, employees, and agents, who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks are to be binding on my heirs and assigns. I further agree to indemnify and to hold the City of Lakeport Police Department, its officers, employees and agents, free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF LAKEPORT, AND I SIGN OF MY OWN FREE WILL.

SIGNED: _____ DATE: _____