



Parker Police Department

1314 - 11th Street Parker, AZ 85344
Phone: (928)669-2264 Fax: (928)669-6719



Ride-Along Application & Release of Liability

Applicant:

Name:	Phone:	
Age:	Date of Birth:	Sex:
Address:		
City:	State:	Zip Code:

Emergency Contact:

Name:	Phone:	
Address:		
City:	State:	Zip Code:
Relationship to Applicant:		

Do you have a criminal record? ____ Yes ____ No

Do you authorize the Parker Police Department to conduct a records check on you? ____ Yes ____ No

Date/Time you are available for Ride-Along: _____

Have you ridden with the Parker Police Department before? _____ Yes, provide Date ____ No

(PLEASE READ & INITIAL THE FOLLOWING)

____ I agree to assume all risks in riding in the said Town of Parker/Parker Police Department vehicles and in accompanying its officers, and am fully aware that although all reasonable protections will be made, personal damage or injury is still possible. I acknowledge that the police officers will be engaging in a variety of law enforcement activities during the Ride-Along. I fully understand the requirement to comply with the lawful directions of the law enforcement officer.

____ I understand and agree that the Town of Parker/Parker Police Department does not, and will not, provide medical coverage for me, and I will be responsible for any medical costs incurred as a result of participation in the activity.

____ I give authorization to the Town of Parker/Parker Police Department to seek medical care and/or emergency medical treatment for me if necessary.

____ I understand that while on patrol I may become a material witness to incidents or events which form the basis for a criminal or civil proceeding. In this event, I may be required by subpoena to testify as a witness.

In consideration of my being permitted to ride in the motor vehicles of the Town of Parker/Parker Police Department, I release and agree to hold harmless the Town, the Department, its employees and agents from any and all liability for any damage or injury that I may incur while riding along or accompanying Town of Parker/Parker Police Department police officers. This release of liability and agreement given by me to the Town of Parker/Parker Police Department, its employees and agents shall apply to any right of action that might apply to me, my heirs, and my personal representatives. Additionally, I understand and accept the risks of riding with a law enforcement officer who may be performing activities which include a degree of risk to my personal safety.

Applicant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____

DEPARTMENT USE ONLY	
Supervisor Approval:	Officer:
Date/Time of Ride-Along:	Duration of Ride-Along: