



PARKER POLICE DEPARTMENT

1314 11th Street Parker Arizona 85344
928.669.2264 Fax 928.669.6719

RIDE-A-LONG APPLICATION & RELEASE FROM LIABILITY

PLEASE PRINT:

Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Address: _____

Telephone: _____
(Home) (Work) (Cell)

Emergency Contact: _____
(Name/Address/Phone Number)

Do You Have a Criminal Record? _____

Date/Time You are available for Ride-a-Long: _____

Do you authorize the Parker Police Department to conduct a records check on you? _____

*******HOLD HARMLESS AGREEMENT*******

I/We _____ agree to hold the Town of Parker and
(full name)
the Parker Police Department harmless and free of any liability or lawsuit which could arise as a result of bodily injury from an assault or motor vehicle accident or any other type of official police activity while riding as a passenger in a police vehicle or being exposed to criminal activity.

Signature of Applicant Date

Signature of Parent/Legal Guardian Date

DEPARTMENT USE ONLY

Date/Time of Ridealong: _____
Duration of Ridealong: _____ Supervisor's Approval: _____
Officer Ridealong was with: _____

DR# Associated (if any):
