



Ukiah Police Department
Safety, Professionalism, Community Service

Chris Dewey
Chief of Police

RIDE-ALONG APPLICATION

Welcome to the Ukiah Police Department. We hope your Ride-Along experience is enjoyable as well as educational. Since your safety is our first consideration we need to express the importance of reading and completing these forms. Please take your time in completing these forms. This will ensure that your request is processed in a timely manner. If you have any questions our staff will be able to assist you.

Minors age fourteen and above are welcome to participate on Ride-Alongs but must have a parent or legal guardian sign the attached waiver forms and medical consent form.

Thank you for taking the opportunity to visit the Ukiah Police Department. We hope your time is rewarded with a new found respect and awareness for the professional men and women who serve your community. We encourage you to learn as much as you can about your police department, and share this information with your friends and neighbors.

Sincerely,

Chris Dewey
Chief of Police
Ukiah Police Department

RIDE-ALONG CHECK LIST (FOR OFFICE USE ONLY)

- 1. General Agreement Waiver and Release form**
- 2. Accident Waiver and Release form**
- 3. Parent/Guardian Waiver for Minors**
- 4. Waiver of Liability, Medical Release and Indemnification Agreement for Minors**
- 5. Minor Ride-Along Program**

Forward ride-along applications to Operations Commander



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GENERAL AGREEMENT, WAIVER AND RELEASE (14 years of age and above)

ACTIVITY: RIDE-ALONG PROGRAM- 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 Ukiah 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 above city (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 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 Ukiah (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 Ukiah (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.

ACCIDENT WAIVER AND RELEASE: RIDE-ALONG PROGRAM

The Ride-Along Program is dangerous and carries with it 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.



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I certify that I am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Ride-Along Program I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF UKIAH AND THE UKIAH POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during the Ride-Along Program.

I understand that during the Ride-Along Program or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Ride-Along Program I seek to participate in is a hazardous activity. I am voluntarily seeking participation and my participation will be voluntary, with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

Any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Watch Commander and Field Supervisor may refuse a ride along to anyone not properly dressed. You may not carry cameras, cell phones, recording devices, or any other electronic equipment while participating on a ride-along.



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Incomplete applications may be rejected. Please include date and time of requested ride-along below. All ride-along applicants are subject to a criminal history check. Once approved, civilian ride-alongs will be allowed to ride no more than once every six months. The ride-along may be discontinued at any time at the discretion of the assigned officer or Watch Commander.

I (WE) HAVE CAREFULLY READ THESE AGREEMENTS, WAIVERS AND RELEASES AND FULLY UNDERSTAND THEIR CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND THE ABOVE CITY, AND I SIGN IT OF MY OWN FREE WILL.

Name (Print or Type)	Date of Birth	Driver's License #
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Signature	Date
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Address: Street, City and Zip Code	Telephone #
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Please provide your reason for requesting to ride-along with the Ukiah Police Department.

Ride-Along days are generally Monday thru Thursday. Please indicate below the day and time you are requesting.

Date	Time
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Parent/Guardian signature if applicant is a minor	Date
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NOTE: GENERALLY THERE IS A 10 DAY WAITING PERIOD.
300 Seminary Avenue | Ukiah, California 95482
Telephone: 463-6262 | Fax: (707) 462-6068 | www.cityofukiah.com



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If the applicant is less than 18 years of age, the parents or guardians must execute the following waiver:

PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent or parent having sole custody, or legal guardian, does hereby represent that he or she is, in fact, acting in such capacity, and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said parties because of any defect in or lack of the minor's capacity to so act, and I release the said parties on behalf of both the minor and the parents or legal guardian.

ACTIVITY: RIDE-ALONG PROGRAM - The undersigned consents to allow the participation of the minor child, named below, 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, volunteers, officers and citizens.

WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

In consideration of the minor child, named below being permitted by the above city to participate in the above-described activity, each of us waives, releases and discharges any and all claims and damages for personal injury, death or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge, in advance, the above city (its officers, employees and agents).

Each of us understands that the above activity may be of hazardous nature and/or include physical and/or strenuous exercise or activity; and that participants in the above described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above-described activity and each of us hereby agrees to assume any and all risks of injury and to release and hold harmless the above city (its officers, employees and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me or said minor child. It is further understood and agreed that his waiver, release and assumption of risks is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agrees to indemnify and to hold the above city (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 said minor may sustain while participating in said activity.



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Each of us agrees, in the event said minor requires medical or surgical treatment while under the supervision of said city's personnel, in connection with the above described activity, such supervisor may authorize treatment. Each of us also agrees to pay all medical, hospital or other expenses which said minor may incur as a result of such treatment.

CONSENT TO MEDICAL TREATMENT OF MINOR/RIDE-ALONG PROGRAM

If the applicant is less than 18 years of age, the parents or legal guardians must execute in addition to the minor.

I hereby authorize any adult person into whose care the below named minor is entrusted in connection with the Ride-Along Program to consent to any of the procedures mentioned in Section 25.8 of the California Civil Code to be rendered to the minor, and I authorize any duly authorized physician or surgeon, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor while he or she is a participant or observer in the Ride-Along Program.

I authorize any licensed physician to perform any procedure that he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions that he/she may encounter during any necessary operation. I consent to the administration of anesthesia to said minor as deemed advisable by a licensed physician.

I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to results of any treatment.

The undersigned parent, parent having legal custody, or legal guardian of said minor does hereby represent that he or she is, in fact, in such capacity and agrees to save and hold harmless and indemnify the City of Ukiah and Ukiah Police Department and its volunteers, agents, doctors, emergency medical technicians, paramedics, nurses, hospitals or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such minor's capacity to so act and I release the said parties on behalf of both the undersigned and the minor.



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WE (I) HAVE CAREFULLY READ THESE WAIVERS OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND THEIR CONTENTS. IT IS UNDERSTOOD THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN THE UNDERSIGNED AND THE ABOVE CITY, AND THAT THE SIGNATURES HEREIN HAVE BEEN GIVEN VOLUNTARILY.

NAME OF MINOR PARTICIPANT (print or type)

Last	First	Middle	Age
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Parent/Guardian Signature	Date
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Parent/Guardian Printed Name

Parent/Guardian Signature	Date
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Parent/Guardian Printed Name