

**Thomasville Police Department
Ride Along Request**

Warning – Read All Contents Fully Before Completing

This is a release of any and all liability, and assumption of all risk by you, and an agreement to indemnify the City of Thomasville against any loss wherein your spouse, children, or anyone on your behalf shall bring suit against the City. Release is a release of ALL claims of any nature whatsoever and an abandonment of certain legal rights that you may possess prior to signing this instrument.

RELEASE OF LIABILITY STATEMENT

WHEREAS, _____, hereinafter referred to as the APPLICANT, has made a voluntary request to ride as a guest in a vehicle assigned to the Thomasville Police Department, and to accompany a member, or members, of the Department during the performance of their official duties in order to observe and learn about the law enforcement profession and whereas, the Thomasville Police Department is willing to allow the APPLICANT to ride as a guest in one of its vehicles, and to accompany member(s) of the Department during the performance of their duties.

WHEREAS, the City of Thomasville, North Carolina, (hereinafter referred to as the "City") consents and agrees to permit the applicant to participate in the Thomasville Police Department Ride Along Program, subject to the adherence by the Applicant to these and any other provisions required by and/or set out in the rules and regulations of the Thomasville Police Department, as follows:

- 1. I understand and agree that unless I am currently an employed or retired certified police officer, I will carry no weapon(s) while participating in this Program*
- 2. I understand and agree that I will voluntarily participate in the Program and will obey the lawful directions of the officer or supervisor with whom I ride.*
- 3. I understand and agree that while the officer takes calls, I am to remain in the patrol car unless the officer allows me to accompany him/her outside of the patrol car.*
- 4. I understand and agree that while participating in the Program that there may arise circumstances wherein the officer may be required to request that I exit the patrol car for my safety or the privacy rights of other individuals.*
- 5. I understand and agree that as a volunteer participant in the Program that I am not an employee, independent contractor or agent of the City and that if injured while participating in the Program that I will be afforded no insurance coverage for any injuries which I may incur as a result of my participation.*
- 6. I understand and agree not to discuss any and all things viewed/heard during the ride along to protect the privacy of all parties*

I understand and agree that I am subject to a criminal background check prior to participating in the Program. NOW, THEREFORE, and in consideration for the premises and mutual promises, covenants and agreements set forth in this release, the City and Applicant agree that the City, its elected and appointed officials, and its employees or agents, shall not be liable or responsible, and shall be saved, held harmless, released and indemnified by Applicant from and against any and all suits, actions, losses, damages, costs or liability of any type, character or description, including but not limited to all expenses associated with litigation, court costs, and attorney fees for injury or death to any person, or injury to any property received or sustained by any person or persons or property arising out of, or occasioned by, directly or indirectly,

the participation of the Applicant in Thomasville Police Department operations, including claims and damages arising in whole or part from the negligence of the City, its elected or appointed officials, agents or employees.

In executing this agreement Applicant relies wholly upon his/her judgment, belief and knowledge of the inherent risk of participating in this program and has willingly and freely assumed the risk thereof.

We hereby represent that we have carefully read and understand the contents of this document and sign the same of our free will. We sign below understanding that the effect of our signatures is to bar and prevent any and all claims and to assume the risk of any and all injury or damage ourselves.

DO NOT SIGN THIS RELEASE UNLESS YOU UNDERSTAND IT COMPLETELY – IF IN DOUBT, CONSULT YOUR ATTORNEY

Signature of Applicant

Signature of Parent/Guardian (if under 18 years of age)

Witness

Complete all Information

Name: First, MI, Last (Please print) _____

Address: _____

City: _____ **State:** _____

Telephone Number: _____ **DOB:** _____

Emergency Contact: _____ **Number:** _____

Date Request to Ride: _____ **Officer:** _____

Dress Code: The participant shall be neat and clean and must wear appropriate clothing; shoes and socks required, no T-shirts allowed. There shall be no controversial insignias or symbols on the person or clothing. The City of Thomasville Police Officer has total discretion not to accept an individual to participate in the Ride-Along Program based upon the appearance of the individual.

Official Use Only

____ Approved ____ Disapproved **By:** _____

Officer Assigned: _____ **Hours:** _____