



# BELOIT POLICE DEPARTMENT



## Ride-Along Application

Instructions: Please complete this application and mail to: **Beloit Police Department, 100 State Street, Beloit, WI 53511**

### SECTION 1: RIDE-ALONG APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Briefly Explain Your Interest in the Ride-Along Program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day Preferred: \_\_\_\_\_ Shift Preferred:  6AM – 4PM  11AM – 9PM  3PM – 1AM  
 9PM – 7AM  OTHER: \_\_\_\_\_

### SECTION 2: WAIVER OF LIABILITY

In consideration of being permitted to ride in a vehicle owned and operated by the City of Beloit, or to accompany employees of the Beloit Police Department on any call, I understand that I will be required to sign a RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: TO BE COMPLETED BY DEPARTMENT PERSONNEL

Records Check Completed:  Yes  No  In-House  Driving Record  CIB  FBI  CCAP

Assigned Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Hours: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# BELOIT POLICE DEPARTMENT



## Ride-Along Release, Waiver of Liability and Indemnification Agreement - Adult

**\*\*PLEASE READ CAREFULLY BEFORE MAKING A DECISION TO SIGN\*\***

In consideration of being permitted to ride in a vehicle owned and operated by the City of Beloit and to accompany officers of the City of Beloit Police Department on a call ("ride-along"), I do hereby release the City of Beloit, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Beloit or accompanying an officer.

City of Beloit Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Beloit, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures. I understand I will be required to wear a department provided bullet proof vest during the ride along.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Beloit does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride-along opportunity.

### RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO BE PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF BELOIT, I HEREBY WAIVE AND RELEASE THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

X \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Participant

### For Department Use Only

<b>Date of Ride-Along:</b>	<b>Employee:</b>
<b>Time of Ride-Along:</b>	<b>Approving Supervisor:</b>



# BELOIT POLICE DEPARTMENT



## Ride-Along Release, Waiver of Liability and Indemnification Agreement - Minor

**\*\*PLEASE READ CAREFULLY BEFORE MAKING A DECISION TO SIGN\*\***

In consideration of being permitted to ride in a vehicle owned and operated by the City of Beloit and to accompany officers of the City of Beloit Police Department on a call ("ride-along"), I do hereby release the City of Beloit, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Beloit or accompanying an officer.

City of Beloit Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Beloit, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures. . I understand I will be required to wear a department provided bullet proof vest during the ride along.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Beloit does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride-along opportunity.

### RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF \_\_\_\_\_, A MINOR, BEING PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF BELOIT, I, INDIVIDUALLY AND AS A PARENT AND LEGAL GUARDIAN OF SAID MINOR, HEREBY WAIVE AND RELEASE THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO THE ABOVE-NAMED MINOR AS A CONSEQUENCE OF THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, THE ABOVE-NAMED MINOR AGREES TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

X \_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date Signed

X \_\_\_\_\_  
Signature of Participant    Date Signed

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Participant

### For Department Use Only

<b>Date of Ride-Along:</b>	<b>Employee:</b>
<b>Time of Ride-Along:</b>	<b>Approving Supervisor:</b>



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