RIDE-ALONG PROGRAM

The Lochbuie Police Department is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the operations of the Lochbuie Police Department. It is our hope that you will find this experience both informative and enjoyable. Please read the information and guidelines on the reverse side before completing this form.

WAIVER, RELEASE AND INDEMNIFICATION

I, ________________________________, hereby request the privilege of accompanying members of the Lochbuie Police Department while on general duty. I understand that police work is a dangerous job and that there is an inherent danger and risk by riding around with a police officer. I understand and waive any and all actions, claims and from any such activity. I further release the Town of Lochbuie, its Officers, Agents and Employees from any claims, demands or actions arising there from and I agree to save them harmless there from. It is expressly agreed and understood that I will indemnify the Town of Lochbuie, its Agents, Assigns and subrogates in the event of any loss, damage or claims arising from the subject activity. This agreement is made in consideration of my being allowed to accompany Lochbuie Police Personnel in the performance of their duties.

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<thead>
<tr>
<th>Adult [ ]</th>
<th>Juvenile [ ]</th>
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<tbody>
<tr>
<td>Name: ____________________________</td>
<td>Date of Birth <em><strong><strong>/</strong></strong></em>/______</td>
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<tr>
<td>Last</td>
<td>First</td>
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<td>Address: ____________________________</td>
<td>City__________________________</td>
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<td>State____ Zip__________</td>
<td></td>
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<tr>
<td>Phone: (Day): ____________________________</td>
<td>(Night): ____________________________</td>
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<tr>
<td>In Case of Emergency Contact: ____________________________</td>
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<tr>
<td>Phone: ____________________________</td>
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Applicant Signature: ____________________________

FOR JUVENILE(S) PARENT OR GUARDIAN CONSENT I, ____________________, the undersigned parent, do certify that I am the parent or legal guardian of the above applicant, that I have read and understand the above waiver or liability and responsibility; that I consent to and agree to the terms stated therein.

Signature: ____________________________ Date: ________________

Witness: ____________________________ Date: ________________

Request to Ride on (Date): _____/_____/______ During the hours of: ________________

Additional Comments: ____________________________
PLEASE READ THE FOLLOWING SO YOU ARE FULLY AWARE OF THE CONDITIONS AND CIRCUMSTANCES UNDER WHICH THIS PROGRAM OPERATES:

1. You will be assigned to ride with a Police Officer of this department. The Officer will attend to his/her normal duties and will respond to calls for service to which he/she is assigned.
2. Police Officer can be often are assigned duties, which involve danger and serious risks. The Officer with whom you are riding is no different. The Officer will not avoid or disregard duties which involved emergencies or danger simply because you are accompanying him/her.
3. While every effort will be made to ensure your safety, the Police Officer’s first responsibilities will be to carry out his/her assigned duties.
4. The Officer you accompany will be happy to discuss his/her duties and responsibilities insofar as time permits. If some emergency should arise, you must immediately and without question, comply with any orders or directions given to you by the Officer. This is for your safety.

GUIDELINES:

1. Rides must be scheduled at least one week in advance. Inquiries may be made by telephone, but the requesting individual must file the waiver form at least one week prior to riding.
2. The minimum age for the Lochbuie Police Department Ride-Along Program is 15 years of age and in the 9th grade unless otherwise approved by the Chief of Police. The parent or guardian of minors under 18 years of age must sign this waiver form for the minor and have their consenting signature witnessed at the Lochbuie Police Department.
3. All rides are scheduled for four (4) hours unless otherwise approved. The ride will commence at the approved scheduled time. Day shift is 06:00 am to 06:00 pm, and Night shift is 06:00 pm to 06:00 am. From time to time there may be special shifts outside of Day and Night Shifts.
4. Riders are expected to be neat and clean in appearance. Clothing should be discretely selected, as riders will be in full view of the public. Sweatshirts, Shorts, or other type of leisure apparel will not be permitted.
5. Rides may be terminated at any time for persons who are unruly, fail to obey instructions, distract and officer from his/her duties, or at the discretion of the watch supervisor.
6. In order to accommodate the greatest number of people, no one will be permitted to ride more than once every six months unless otherwise approved by the Chief of Police or his designee.
7. A Criminal History will be completed on each applicant and the results of which can be used to determine whether or not the Ride-Along is approved.

This application is not effective until approved. You will be notified by telephone or mail, when approval has been or has not been granted. Thank you for your patience.

FOLLOWING IS FOR OFFICER USE ONLY

Approved for:
Date: _____/_____/____ Time: ___________am/pm Assigned to Officer ____________
Approved by: ___________________________________________________ Date: _____/_____/____
Ride Completed: Yes [ ] No [ ] Comments: _____________________________________________________________