

# WESTON POLICE DEPARTMENT RIDE-ALONG REQUEST FORM

Date of Application \_\_\_\_\_

Dear ride-along applicant:

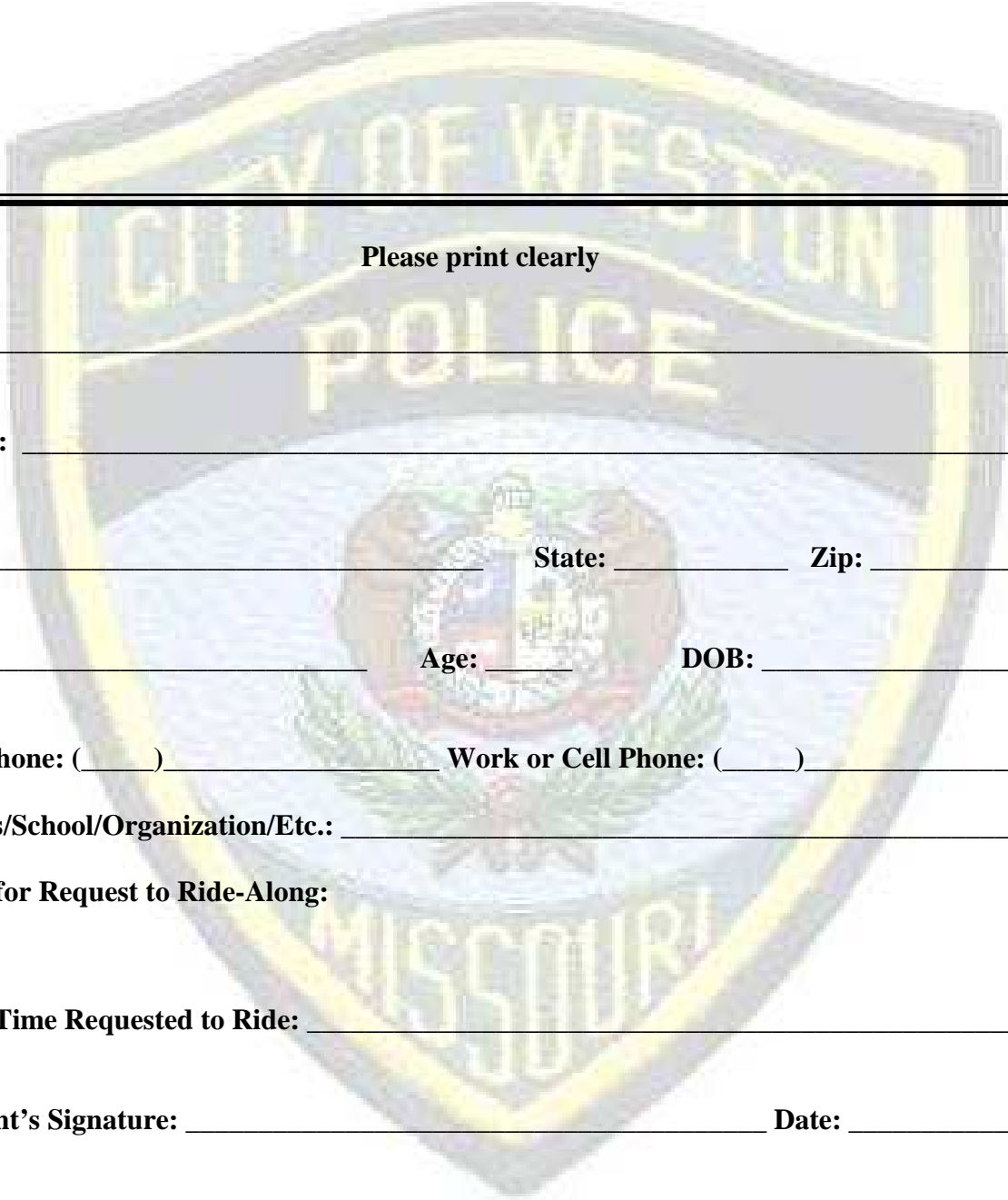
1. If you are at least 16 years of age, you are welcome to apply for a ride-along by reading, completing and signing this Ride-along Request form. If you are under 18 years of age, a parent must sign the Parental Consent Release on Page 4.
2. Turn this form into the Weston Police Department or Weston City Hall - normally one week in advance. Call the Weston Police Department to check the status of your request 24 hours in advance.
3. As part of this program, you agree to undergo a comprehensive police records check.
4. Your basic responsibilities as a ride-along are to:
  - a) Remain in or return to the police vehicle in dangerous or sensitive situations (i.e., homicide, sex crimes, deaths, etc.);
  - b) Do not enter and/or remain in a major crime scene;
  - c) Limit your movements to places open to the public and places you have permission to enter;
  - d) Comply with all directions given by a police officer;
  - e) Avoid operating equipment, unless an officer's safety is at risk or you receive an officer's permission;
  - f) Be an observer only. Do not become involved verbally or physically unless the officer's safety is at risk or you are directed to do so. The City of Weston will not be liable for a Ride – Along's unauthorized interventions.
5. You must be in civilian clothing. Ride-Along observers must be dressed in business attire or neat, clean, casual attire. Jeans, shorts, spandex, leggings, T-shirts or sweatshirts are not acceptable.
6. You cannot carry a firearm even if you have a concealed weapons permit. The exception is a certified police officer.
7. The personal safety of the officer and the City of Weston's responsibilities to the community will be considered at all times. Therefore, an officer may terminate your ride-along at any time, without explanation or advance notice. In addition, if emergency circumstances dictate, you may be dropped off at a safe location in the field.

8. Ride-Along observers are not permitted to have cameras or tape recorders on the ride-along without prior approval of the Chief of Police or Sergeant.

9. Affiliation: Explorer \_\_\_\_\_ Neighborhood Rep. \_\_\_\_\_ Spouse \_\_\_\_\_ Non-sworn \_\_\_\_\_

Citizen \_\_\_\_\_ Other \_\_\_\_\_

10. What is the reason for your ride-along request? (School/class, interested citizen, etc.)



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**Please print clearly**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work or Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Business/School/Organization/Etc.:** \_\_\_\_\_

**Reason for Request to Ride-Along:** \_\_\_\_\_

**Date & Time Requested to Ride:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent /Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required if applicant is under the age of EIGHTEEN)

# PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ of \_\_\_\_\_,  
PRINT FULL NAME CITY, STATE

State that I am over the age of 17 years and in consideration of being granted permission to ride along in a City of Weston vehicle and of accompanying a Weston Police Officer for the purpose of observing and becoming familiar with the operations of a Weston Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Weston, the Weston Police Department, and all their officers and employees from liability to me, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in a vehicle of the Weston Police Department or in the company of an officer of the Weston Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I recognize and acknowledge that my participation in the Ride Along Program involves a risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Weston, the Weston Police Department, any of their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Weston, the Weston Police Department, and all of their officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they individually and collectively may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a City of Weston vehicle or in the company of a Weston Police Officer, while said officer is officially discharging his/her duties.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Note:** If applicant is under age EIGHTEEN (18), the applicant's parent or guardian must sign.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE