

## DURANGO POLICE DEPARTMENT RIDE-ALONG REQUEST FORM

Please print or type the following information:

NAME \_\_\_\_\_  
Last
First
Middle

ADDRESS \_\_\_\_\_  
Street
City
State
Zip Code

DAYTIME OR MESSAGE PHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**If under 18 years of age:**

1. parent/guardian's name and daytime phone # \_\_\_\_\_
2. approved time period from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

Please indicate your preferred time for Ride-Along (minimum length of ride = one hour)			
	Day of Week	Date	Time (please check a.m. or p.m.)
First Choice	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		Start <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		End <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Second Choice	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		Start <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		End <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

Specific officer requested \_\_\_\_\_

Reason for wanting to participate in the Ride-Along program:

**PLEASE COMPLETE THE WAIVER AND RELEASE OF CLAIMS & INDEMNITY AGREEMENT BELOW**

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

NCIC/CCIC not required/no check performed

Above-named person has been checked through NCIC/CCIC and the local records system:

Applicant **has**  a criminal record; copy of record shall be attached and this form shall be forwarded to Patrol supervisor for approval prior to Ride-Along. If Ride-Along is denied, applicant shall be notified **immediately**.

Applicant **has no**  criminal record {  NCIC/CCIC  SLEUTH }

**APPROVAL**

Supervisor approving Ride-Along \_\_\_\_\_

Officer assigned Ride-Along \_\_\_\_\_

Date & Shift of Ride-Along \_\_\_\_\_

Shift supervisor notified \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

**\*This form shall be returned to the Operations Division Administrative Assistant upon completion of the ride-along\***

**DURANGO POLICE DEPARTMENT  
WAIVER AND RELEASE  
OF CLAIMS AND INDEMNITY AGREEMENT**

*IF APPLICANT IS LESS THAN 18 YEARS OF AGE, THIS MUST BE COMPLETED & SIGNED BY APPLICANT'S PARENT OR LEGAL GUARDIAN; PARENT/GUARDIAN'S APPROVAL WILL BE VERIFIED BY PERSONAL CONTACT BY THE POLICE DEPARTMENT.*

WHEREAS I, \_\_\_\_\_, being over the age of eighteen and not being a member of the Police Department of the City of Durango, have made a voluntary request to ride as an observer in a vehicle assigned to the City of Durango Police Department and to accompany a member of the Police Department during the performance of their official duties; and

WHEREAS, the Police Department of the City of Durango is willing to allow me to ride as an observer in a vehicle assigned to that department and to accompany a member or members of the department during the performance of their duties on the following conditions;

NOW, THEREFORE, In consideration of the permission given to me to ride in a vehicle assigned to the City of Durango Police Department and to accompany a member or members of said department during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the Police Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Police Department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons; unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution or the escape of radioactive substances while accompanying a member or members of the Police Department during the performance of their official duties.

2. That the City of Durango, its sureties, and all members of the Police Department of the City of Durango, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the City of Durango Police Department or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the City of Durango Police Department.

3. For myself, my heirs, executors, administrators and assigns, to defend and indemnify the City of Durango and all of its employees, their sureties and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the City of Durango Police Department or while accompanying any member or members of said department during the performance of their official duties.

***I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.***

\*Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

***\* If Ride-Along participant is less than 18 years of age, this form must be signed by parent or legal guardian***