



RIDE-ALONG REGULATIONS, APPLICATION, AND WAIVER

Regulations

1. The ride-along is an **observer only** and should not become involved in or interfere with any situation, either physically or verbally.
2. Ride-alongs should be dressed in either business attire or neat, clean, casual attire. Jeans, shorts, spandex, leggings, T-shirts and sweats are not acceptable. Official uniforms, EMS, Law Enforcement attire, and any clothing/equipment resembling these are prohibited.
3. Cameras and tape recorders are not permitted.
4. Ride-alongs will be allowed to observe as much of any situation as is possible, consistent with their safety. However, they may not leave the police vehicle unless given permission to do so by the officer.
Pursuant to Supreme Court Ruling, ride-alongs are prohibited from entering any private residence for any reason.
5. Ride-alongs must pay for their own food and beverages. If at all possible, they will be given an opportunity to eat a meal; however, this will depend on the level of calls for service.
6. The officer may terminate the ride if the participant fails to follow the regulations or is acting in a manner inconsistent with the best interests of the Police Department.
7. The participant may request that the ride be terminated at any time. The participant will be returned to the station as soon as the officer determines it is practical.

WAIVER AND RELEASE OF CLAIM

As a condition precedent to being permitted to ride as a Ride-Along Observer in a vehicle or vehicles operated by any officer or person employed by the Police Department of Smithville, Missouri, I the undersigned waive any right of claim I may have against the City of Smithville, the Police Department, their officials, and any and all officers and employees of said Department, for the loss of life, bodily injury or property damage that I may sustain as a result of riding as such Ride-Along Observer. I further agree that this waiver of liability by me is binding on my legal representatives, heirs and successors, and shall have the same legal effect as I have agreed to herein.

SIGNATURE OF OBSERVER _____

PRINTED NAME _____

SIGNATURE OF WITNESS _____

RIDE-ALONG APPLICATION

Name: _____ DOB: _____ RACE: _____ SEX: _____

Address: _____
Street City, State, Zip

Social Security number: _____ Phone: _____

In case of an emergency, notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Desired time:

☐ Day shift 7am-7pm

☐ Night shift 7pm-7am

Reporting time: _____ Day of week: _____ 2nd Choice: _____

Have you participated in a ride-along in the last 6 months?

☐ Yes ☐ No

What prompted your interest in the ride-along program?

Smithville Police Use Only

Computer check date: _____ ☐ No record ☐ Record

Completed by: _____

Applicated notified ☐ Yes ☐ No By: _____ Date: _____

Date & time ride-along scheduled: _____

Assigned to Officer: _____ Radio #: _____

☐ Approved

☐ Disapproved

☐ Terminated

Comments:

Chief of Police (or designee) signature

Date