

Approved _____
Not Approved _____

FOR OFFICE USE ONLY
Watch _____
Day/Date/Time _____
Rode with _____

WAIVER

PALO ALTO POLICE DEPARTMENT

DECLARATION OF ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS BY PARENT OR GUARDIAN OR MINOR

I, _____, the undersigned, declare as follows:

I am _____ years of age and am not a member of the Palo Alto Police Department. I have made a voluntary request to participate in the Ride Along Program of the Palo Alto Police Department during which I understand I will accompany any member of the Palo Alto Police Department to whom I may be assigned during the performance of his/her official duties, which may include riding with said officer in a police department vehicle.

I understand that the Palo Alto Police Department will allow me to participate in the Ride Along Program only on the conditions that I will assume the risks involved in said participation and that I will release the City of Palo Alto, its officers, agents and employees from liability, as specified below, and I agree to participate in the Ride Along Program on these conditions.

I UNDERSTAND THAT THE DUTIES OF MEMBERS OF THE PALO ALTO POLICE DEPARTMENT ARE INHERENTLY DANGEROUS AND THAT I MAY BE SUBJECTED TO THE RISK OF DEATH OR PERSONAL INJURY OR OF DAMAGE TO MY PROPERTY DURING MY PARTICIPATION IN THE RIDE ALONG PROGRAM. I FURTHER UNDERSTAND THAT SAID RISKS MAY ARISE FROM, BUT ARE NOT LIMITED TO, THE USE OF WEAPONS AND FIREARMS, THE ACTS AND FORCIBLE RESISTANCE OF CRIMINAL SUSPECTS, CIVIL DISTURBANCES, THE EFFECTS OF WIND, RAIN, FIRE AND GAS, AND VEHICULAR COLLISION, AND I FREE LY AND VOLUNTARILY ASSUME ALL OF SAID INHERENT RISKS, WHETHER OR NOT THEY ARE LISTED ABOVE.

In consideration of my being permitted to participate in the Ride Along Program, I hereby, for myself, my heirs, executors, AGREE NOT TO SUE AND RELEASE the City of Palo Alto, its officers, agents and employees from any and all liability for any damage or injury which I may receive while participating in the Ride Along Program.

I further stipulate and agree, while participating in the Ride Along Program, to be bound by all orders, rules and regulations concerning my participation, and to promptly obey all instructions of any police officer to whom I am assigned.

I have read and I understand the contents of this document and sign the same of my own free will. I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED this _____ day of _____, 20_____, at _____, CA

Signature of Witness

Signature of Applicant/Declarant

I, the parent/guardian of _____ AGREE NOT TO SUE AND I HEREBY RELEASE AND AGREE TO HOLD HARMLESS the City, its officers, agents and employees from any and all liability for any damage or injury my child or minor may receive while participating in the Ride Along Program.

Signature of parent/guardian if applicant is a minor

Signature of parent/guardian if applicant is a minor

NOTE – The Ride Along Program is open only to residents, students, and those who work in Palo Alto

CAUTION – READ THIS DOCUMENT IN FULL BEFORE SIGNING
This form must be completed

PLEASE PRINT CLEARLY:

Name _____ Age _____

Address (a Palo Alto residence) _____ Zip _____

Phone _____ () _____ Affiliation _____
home business (YAC, HRC, Boy Scouts, etc.)

Employer _____ Citizenship _____

Reason for participation in the Ride Along Program _____

DOB _____ Drivers License _____ SSN _____

Height _____ Weight _____ Color of eyes _____ Hair color _____

Any convictions of misdemeanor or felony: YES _____ NO _____

If yes, what were the charges? _____

In what state did the convictions occur? _____ Year _____

Any current charges pending? YES _____ NO _____

If yes, what are the charges and in what city? _____