

RAYTOWN POLICE RIDE-ALONG APPLICATION

10000 E. 59th Street
Raytown, MO 64133
(816) 737-6020

PROGRAM SUMMARY

It is the policy of the Raytown Police Department to provide a Ride-Along program for the general public. The applicant must submit a completed application two weeks prior to the date requested, to assure approval and scheduling. The applicant must sign page two of this form, Indemnification and Release Agreement, and have it notarized prior to approval. The Ride-Along will be scheduled for four hours. Each applicant will be limited to two Ride-Alongs per calendar year. The applicant must be dressed in appropriate business or casual attire. A police records check will be conducted on every applicant. The City of Raytown and the Raytown Police Department reserve the right to rescind, revoke or deny participation in the Ride-Along program at any time. The Officer in charge of the police vehicle will direct you as to when you may leave the vehicle. The Ride-Along may be terminated if you do not follow instructions. You may terminate the Ride-Along at anytime. **ANY APPLICANT WITH ANY RECORD OF CRIMINAL ARREST OR CONVICTION WILL BE DISQUALIFIED FROM PARTICIPATION IN THE RIDE-ALONG PROGRAM.**

Applicant:

Name: _____ Race/Sex: _____ Date of Birth: _____
(Last, First, Middle Initial)

Home Address: _____ Social Security #: _____
(Address, City, State, Zip)

Home/Cell Phone Number: _____ E-Mail: _____

Employer: _____ Work Phone Number: _____

Emergency Notification: Name: _____ Address: _____
(Last, First, Middle Initial) (Address, City, State, Zip)

Relationship _____ Phone: _____

I have read the above Program Summary and I fully understand it.

Signature: _____ Date: _____

Date of Requested Ride-Along: _____ Time: _____

Comments: _____

This Section for Department Use Only:

Computer Records Check Date: _____ Dispatch Technician: _____

Criminal Record: Yes () See Attached No ()

Approved: Yes () No () Division Commander: _____

Comments: _____

Date & Time of Scheduled Ride-Along: _____ Date Applicant Notified: _____

Watch Commander During Ride-Along: _____ Notified: _____

INDEMNIFICATION AND RELEASE AGREEMENT

In consideration of the Ride-Along Program and my being allowed to observe procedures and activities associated with the Raytown Police Department, the undersigned, being of lawful age or legal guardian thereof, do hereby and for my heirs, executors, administrators, successors and assigns acquit, forever discharge and agree to hold harmless the **CITY OF RAYTOWN, MISSOURI** and the **RAYTOWN MISSOURI POLICE DEPARTMENT** from any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen damage and the consequences thereof resulting or to result from the Ride-Along Program and said observed procedures and activities.

I do hereby agree to assume the risk involved, knowing full well that in the event of an accident I am voluntarily barring myself from any suit for damages or injuries against any persons connected with said observed procedures and activities and the police officers connected with said programs, the City of Raytown, Missouri and the Raytown Police Department.

I further bind myself, my heirs, administrators and assigns to repay to the said City of Raytown, Missouri its successors and assigns, any sum of money that it may be compelled to pay by reason of any claims, actions, causes of action, demands or rights arising out of the events from which the said City of Raytown, Missouri, is indemnified.

I understand and agree that the City of Raytown and the Raytown Police Department reserve the right to rescind, revoke or deny my participation in the program to observe the procedures and activities as described above without cause or explanation, even to the point that the activity has already begun. Participation in this program at this time does not bind the City of Raytown or the Raytown Police Department to permit the same activity in the future.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Indemnification and Release Agreement contain the entire agreement between the parties hereto, in that the terms of this Indemnification and Release Agreement are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING INDEMNIFICATION AND RELEASE AGREEMENT AND FULLY UNDERSTANDS IT.

Signed:

Full Name (Printed)

Signature

Date

Legal Guardian, if under eighteen (18) years of age: _____

Signature

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires: _____

Date

Notary Signature