

SEYMOUR DEPARTMENT OF POLICE

CITIZEN RIDE-ALONG GUIDELINES

1. A completed ride along application must be submitted. Incomplete forms will not be processed.
2. If the rider is under the age of eighteen, a parental permission form must be submitted.
3. All citizen ride along participants will adhere to the dress code, which follows:
 - ✓ Neat and clean clothing will be worn
 - ✓ Jeans are allowed, but they cannot have rips or holes
 - ✓ T-shirts are not allowed
4. The participant should report to the Police Department at least fifteen minutes prior to the start of the ride along.
5. The waiver form must be read and signed prior to the ride along.
6. If the participant is under eighteen, a parent or guardian must accompany the participant to the Police Department and must witness the participant's signature on the waiver form.
7. During the ride along, the participant will not offer assistance or try to participate in any Police activity unless directed by the ride along officer or shift supervisor.
8. The department has the authority to stop the ride along for any reason. In that case, the participant will be returned to the station or dropped off at a safe location. If the rider is dropped off, the Sheriff department's communication center will be notified of that location.
9. If the ride along is terminated because of problems with the participant, the participant will be excluded from future participation in the program.
10. When no previous arrangements have been made, a ride along application form must be submitted at least two weeks in advance of the requested ride along date.
11. The Seymour Department of Police has the right to refuse a ride along to any participant, for any reason.

SEYMOUR DEPARTMENT OF POLICE
CITIZEN RIDE ALONG APPLICATION

Date: _____

Name: _____
(Last Name, First, Middle Initial)

Address: _____
(Street Address) (City) (State) (Zip code)

Date of Birth: _____ Phone Number: _____

Drivers License #: _____ State: _____

Emergency Contact Name: _____

Phone Number: _____ Date and Time Requested to Ride: _____

Officer you wish to ride along with, if any: _____

Reason for Ride Along: _____

Signature: _____

.....
Department Approved By: _____ Date: _____ Shift Assigned: _____

Shift Supervisor Approved By: _____ Date: _____

Officer Assigned to Ride Along: _____ Date: _____ Time: _____

****Shift supervisor will notify ride along applicant.***

Ride Along Notified By: _____ Date Notified: _____

SEYMOUR DEPARTMENT OF POLICE
RIDE ALONG PARENTAL PERMISSION FORM

I, _____
(Last Name, First Middle) (Phone Number)

Of,

(Street Address) (City) (State) (Zip Code)

I am the parent/guardian of the minor listed below who desires to participate in the %Ride Along Program+ of the Seymour Department of Police. I have read and understand all the pages contained in this policy and do hereby consent to the release of liability for the City of Seymour Department of Police and the City of Seymour; furthermore, I hereby consent to allow my child to participate in the %Ride Along Program+

Minor's Name: _____

Date of Birth: _____

Street/Address: _____

City/State/Zip Code: _____

Dated this _____ day of _____, 20_____.

Signature of Parent/Guardian

Witnessed by

CITY OF SEYMOUR – POLICE DEPARTMENT

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE,
WAIVER AND RELEASE OF CLAIMS AND
INDEMNITY AGREEMENT**

WHEREAS, I, _____ Select One
over the age of eighteen and not being a member of the Police Department of the City of Seymour have made a voluntary request to ride as a guest in a vehicle assigned to the City of Seymour Police Department and to accompany a member or members of the Police Department during the performance of their official duties, and

WHEREAS, the Police Department of the City of Seymour is willing to allow me to ride as a guest in a vehicle assigned to that department and to accompany 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 Seymour 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 assistance by law violators or suspected law violators or suspected law violators, assault, riot, breach of the peace, fire, explosions, 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 Seymour, its sureties, all members of the Police Department of the City of Seymour, their sureties and each of them, shall not be responsible for liable for any injury, damage, or loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the City of Seymour Police Department, or while accompanying any member or member 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 Seymour Police Department.
3. For myself, my heirs, executors, administrators and assigns to defend and indemnify the City of Seymour, all members of the City of Seymour Police Department, its sureties and each of them, against any and all manner of actions, cause of actions, suits, debts, claims, demands, or damages or liability or expense of every kind of 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 Seymour Police Department or while accompanying any member of said Police Department during the performance of their official duties.

Dated: _____
Signature

Witness

Signature of Parent or Guardian
(If applicant is a minor)

SEYMOUR DEPARTMENT OF POLICE

RIDE ALONG CRITIQUE FORM

Name: _____ Date: _____

Comments of participant regarding the ride along:

Please return the completed critique form to the Police Department within twenty-four (24) hours of the ride along.