



**CITY OF CHESTERFIELD
DEPARTMENT OF POLICE**



REQUEST TO RIDE ALONG

Date of Application			
RIDE-ALONG APPLICANT INFORMATION			
Name			
Address			
City		State	Zip
SSN	Age	DOB	
Home Phone		Work or Cell Phone	
Business/School/Organization/Etc.			
Reason for Request to Ride-Along:			
Date & Time Requested to Ride:			
Applicant's Signature:		Date:	
Signature of Parent or Guardian:		Date:	
<small>(Required if applicant is under the age of twenty-one)</small>			
SECTION BELOW FOR POLICE DEPARTMENT PROCESSING ONLY			
Record Check Completed By:		Date:	
Approval	Patrol Commander's Signature:		
Supervisor Assigned to:		Officer Assigned to:	
Ride Along Completed:			
Yes	No	Date/Time:	
Route Completed Forms After Ride-Along/No-Show to Record Room (attach Release form)			

PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ of _____,
PRINT FULL NAME CITY, STATE

State that I am over the age of 18 years and in consideration of being granted permission to ride along in a Chesterfield vehicle and of accompanying a Chesterfield Police Officer for the purpose of observing and becoming familiar with the operations of a Chesterfield Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Chesterfield, the Chesterfield Police Department, and all their officers and employees from liability to me, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in a vehicle of the Chesterfield Police Department or in the company of an officer of the Chesterfield Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I recognize and acknowledge that my participation in the Ride Along Program involves a risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Chesterfield, the Chesterfield Police Department, any of their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Chesterfield, the Chesterfield Police Department, and all of their officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they individually and collectively may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Chesterfield vehicle or in the company of a Chesterfield Police Officer, while said officer is officially discharging his/her duties.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

Note: If applicant is under age twenty-one (21), the applicant's parent or guardian must sign.

WITNESS

DATE