

RIDE ALONG APPLICATION AND WAIVER FORM

I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Lenexa Police Department to complete a background check prior to being approved to participate in this program.

Name:		
Last	First	Middle
Date of birth (MM/DD/YYYY):		
Social Security Number (SSN):	·	
Driver's License Number:	State:	
Street Address:	_ City:Sta	te:ZIP:
Cell Phone: ()	_ Home Phone: ()_	
Work Phone: ()	Email:	
Place of birth (POB):	High School:	
List any and all prior arrests:		
List any and all prior contacts with police: _		
Reason for ride along: School Project: Other: (Please explain)	Citizen's Police Acader	my:
Date and time you request to ride:		
Date and time you request to ride.		
By signing this document, I acknowledge the Department Ride-Along Program is a privile their designee can discontinue my participate.	ege and that the assign	ed officer, Chief of Police, or
Signature:	Date:	
Witness Signature:	Date:	

OVER

Appropriate attire for a Ride Along with the Lenexa Police Department is "business casual". Business casual is defined as "attire that is casual, yet appropriate for the workplace". Clothing items that would be deemed inappropriate for a Ride Along include shorts, tank tops, halter tops, flip flops, torn clothing, etc. Persons presenting themselves at the police station for a Ride Along that are not appropriately attired will be told to return when they have changed to clothing that meets the business casual standard.

RELEASE and WAIVER OF LIABILITY

I have requested permission of the Lenexa Police Department to participate in the Police Ride-Along program. I understand the Ride-Along program involves riding in a police vehicle being operated by a police officer who is performing both routine and emergency police functions. I acknowledge that riding in a police vehicle can be a potentially dangerous activity, as it may be necessary to operate the vehicle outside of the normal rules of the road. I further acknowledge that I may be exposed to dangerous and/or hazardous situations inherent in police work where I may be at risk for serious, or even fatal, injury. I understand that the police officer cannot avoid all dangers or disregard his/her duties which involve such dangers or hazards simply because I am accompanying him/her. Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in the Ride-Along program.

I, the undersigned, in consideration of being allowed to participate in the Ride-Along program, do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns, forever waive, release, and discharge the City of Lenexa and its officers, officials, employees, agents, and volunteers ("City Personnel") from and against any and all claims, damages or liabilities arising out of or in any way connected with my participation in the Ride-Along program.

I have carefully read the foregoing Release and Waiver of Liability. I understand the contents thereof and I sign the same freely and voluntarily.

Signature		Date
Printed Name		
Witness Signature		Date
Date of 1st Choice:		
Date of 2 nd Choice:		
Watch Commander Approval:		
Supervisor Approval:		
Dispatch (REJIS / NCIC):		
Records:		
Date / Time Assigned:		
Officer:	Shift:	