ERIE POLICE DEPARTMENT

Ride-Along Request and Agreement

COMPLETE AND RETURN TO EPDRECORDS@ERIECO.GOV OR BRING TO THE POLICE DEPARTMENT DURING NORMAL BUSINESS HOURS AT 1000 TELLEEN AVE ERIE, CO 80516

☐ Police Applicant ☐ V.I.P ☐ Citizen Academy Attendee/Alumni ☐ Other____

PERSON REQUESTING RIDE-ALONG			
NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH:	HOME PHONE: ( )	CELL PHONE: ( )
HOME ADDRESS (NUMBER & STREET):	TOWN/CITY:	STATE:	ZIP:
OCCUPATION:	IF LAW ENFORCEMENT OR GOVERNMENT, LIST DEPARTMENT AND TITLE: DEPARTMENT:	TITLE:	

EMERGENCY CONTACT INFORMATION			
NAME (FIRST & LAST):	HOME PHONE: ( )	CELL PHONE: ( )	
HOME ADDRESS (NUMBER & STREET):	TOWN/CITY:	STATE:	ZIP:

RIDE-ALONG INFORMATION			
DATE REQUESTED:	TIME (4 HOURS): FROM: TO:	SHIFT DESIRED: Watch I: 0630-1630 ☐ Watch II: 1400-2400 ☐ Watch III: 2100-0700 ☐	OFFICER REQUESTED: (YES) (NO) OFFICER NAME:

I, _____ my heirs, executors, administrators, agents and assigns, do hereby waive all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever against the Town of Erie, the Erie Police Department, or any agent or employee of the Town of Erie or the Erie Police Department, acting under their color of official authority, arising from any occurrence while I am riding in a police vehicle of the Town of Erie or while I am observing any Erie Police Department Officer or Supervisor, acting under their color of authority. I am aware I have voluntarily sought permission to ride in a police vehicle and during the time I am riding in such vehicle and am observing any Erie Police Department Officer or Supervisor, the vehicle will be engaged in law enforcement activities, some of which may be dangerous and expose me to risk or harm. Additionally, I understand incidents outside of the patrol vehicle may also be dangerous and could potentially expose me to risk or harm.

I hereby declare I have read, understand, and voluntarily accept the terms and risks stated in the foregoing paragraph and "Ride-Along Requirements." Additionally, I hereby certify the information listed above is accurate and true.

IN WITNESS THEREOF, I SET MY HAND THIS_____ DAY OF _____, 20_____

RIDER SIGNATURE	PARENT OR GUARDIAN (IF UNDER THE AGE OF 18)	WITNESS

IDENTIFICATION REQUIRED

POLICE DEPARTMENT USE ONLY			
RECORDS NCIC/ CCIC CHECK	WANTS OR WARRANTS (YES) (NO) ATTACH PRINTOUT	CRIMINAL HISTORY (YES) (NO) ATTACH PRINTOUT	COMPLETED BY:
APPROVED BY SUPERVISOR / BADGE No. :	SIGNATURE:	DATE:	OFFICER ASSIGNED: