



Office of the Chief of Police
Forest City Police Department
187 South Church Street
P.O. Box 552
Forest City, NC 28043
Office: (828) 245-5555
Fax: (828) 248-5206

REQUEST FOR RIDE-ALONG FORM

Date of Request: _____

Receiving Watch Commander _____

Applicant Information:

Name: _____

DOB: _____

Sex: _____

Race: _____

Home Address: _____

Applicant Drivers License Number: _____ State of Drivers License Issue: _____

Employer: _____

Employer Address: _____

Home Number: _____

Work Number: _____

Applicant Criminal History Information: *In the space below, please indicate any and all arrest information for you including the charge, date of offense and conviction offense:*

Waiver of Liability

I, _____, as a participant in the Ride-Along Program of Forest City Police Department, for and in consideration of the opportunity to ride with and observe a Forest City Police Officer in the performance of his duties, do hereby agree as follows:

1. I hereby waive for myself, my heirs, executors, administrators, assigns and any of my representatives, of all claims, demands, actions, or causes or action, against the Chief of Police, his officers, agents and employees of the Forest City Police Department and the Town of Forest City, their elected or appointed officials or members, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while I am riding in a patrol car, observing any operation or participating in this program in any other manner.

2. I do hereby covenant and agree that I will never instigate any suit or action against the Chief of Police, his officers, agents and employees of the Forest City Police Department and the Town of Forest City, their elected or appointed officials or members, for damage or loss or injury of any kind or on account of any damages, loss or injury to my person or property or both that may arise in any manner while I am riding in a patrol car, observing any operation or participating in this program.
3. This agreement holds Chief of Police, his officers, agents and employees of the Forest City Police Department and the Town of Forest City, their elected or appointed officials or members, harmless for any injury, including but not limited to claims for wrongful death, arising out in any manner to me while participating in this program.
4. I do hereby covenant, agree and understand that if I am authorized to participate in the Ride-Along Program my only capacity will be that of a passenger/observer. I understand I am not permitted to take part in any law enforcement action or assist or perform any law enforcement task or function unless specifically requested to do so by the officer I am assigned to ride with.
5. I do hereby covenant, agree and understand that ride-along participants are not permitted to operate any patrol vehicle, handle or possess firearms or other weapons, or use any department equipment.
6. I do hereby covenant, agree and understand situations may arise in police work that would expose the participant to danger, violence or other hazardous conditions. In such cases, the officer will exercise discretion and will have the authority to temporarily leave the participant at a suitable location while responding and handling the call.

I have read the foregoing waiver and understand it constitutes a formal legal document.

Signature of Participant

Date

Signature of Watch Commander

Date

Official Use Only

Watch Commander Recommend Does Not Recommend Date: _____
Reason for Denial: _____

Captain Recommend Does Not Recommend Date: _____
Reason for Denial: _____

Chief of Police Recommend Does Not Recommend Date: _____
Reason for Denial : _____

Number of Rides Approved: _____

Valid through: _____