

Your signature on this form certifies that the information provided and answers to the questions are true and a correct representation of the facts. Your signature also authorizes the Alma Police Department to conduct a review of the information to determine your eligibility to participate in the Citizen Ride Along Program.

I agree to abide by the rules of the program and understand that the department can terminate my participation in the program at any time. I also agree to waive all liability, holding the City of Alma harmless during the time I am participating in the program.

Applicant signature _____ Date _____

If applicant is under 18 years of age, a custodial parent or guardian of the applicant must sign approval for the applicant to participate in the program. The custodial parent or guardian must also sign a waiver of all liability, holding the City of Alma harmless.

Parent or guardian signature _____ Date _____

Alma Police Department Ride Along Program Release and Indemnity Agreement

I, _____, acknowledge and understand that as a participant in the Ride Along Program with the Alma Police Department, many or all of the activities in which I may participate, may expose me to serious risk of severe physical and/or emotional injuries and/or death. With full knowledge of those risks, I nonetheless request that I be permitted to participate in the Ride Along Program. I further attest that I have carefully read and understand the procedures outlined in the Ride Along Program Guidelines and agree to act only as an observer and to take no active part in any police action.

In consideration for allowing me to participate in the Ride Along Program, I, for myself and for my agents, representatives, heirs and assigns, do hereby agree to defend, indemnify and hold harmless and further hereby do demise, release, and forever discharge the Alma Police Department including its respective officials, officers, employees, agents, representatives and successors from and against any and all liabilities, losses, personal injury claims, wrongful death claims, property damage, suits, judgements, damages, costs, expenses, legal fees, and controversies of any kind at law and in equity, which may be asserted against Alma Police Department, which arises out of, or in any way are associated, directly or indirectly to my participation in the Ride Along Program.

The undersigned does hereby waive all causes of action, damages, claims and demands and forever discharges Alma Police Department including its respective officials, officers, employees, agents, representatives and successors from any and all claims, demands, liabilities, and controversies including costs of attorney fees, which may arise out of and/or are associated in anyway, directly or indirectly to the undersigned's participation in the Ride Along Program, including but not limited to the negligence of Alma Police Department and/or any of their respective officials, officers, employees, agents, or representatives.

The undersigned agrees that he/she will not disclose, except as mandated by an order of the court, any information or departmental policies that may be revealed during the Ride Along Program, including but not limited to the names, addresses and nature of the interactions with citizens and departmental policies and regulations.

I acknowledge and agree that I have carefully reviewed the above language and understand and accept all terms and conditions. I accept that the execution of the instrument is required only once, and thereafter it shall constitute a permanent waiver, and that I have signed it voluntarily, free from duress or undue influence.

*****MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC*****

Applicant Signature _____ Date _____

Printed Name _____

On this _____ day of _____, 20____,
DAY MONTH YEAR

APPLICANT NAME _____

Acknowledged that he/she had read the foregoing Release and Indemnity Agreement and that he/she had executed same on his/her own free will.

Signature of Notary

_____, Notary Public
Notary Name Printed

_____ County, State of Michigan

My Commission Expires ____/____/____

DEPARTMENT USE ONLY

APPROVAL Y N APPROVED BY _____ DATE _____

DATE NOTIFIED _____

IF NO, REASON _____

RIDE ALONG ASSIGNMENT

DATE _____ HOURS _____

OFFICER ASSIGNED TO _____

ASSIGNED BY _____ DATE _____