

**APPLICATION FOR PARTICIPATION IN THE
ALMA POLICE DEPARTMENT
CITIZEN RIDE ALONG PROGRAM**

APPLICANT Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ TELEPHONE#: _____

DATE OF BIRTH: _____ SEX: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE# _____

DO YOU HAVE ANY PHYSICAL, PSYCHOLOGICAL OR MEDICAL RESTRICTIONS THAT COULD INFLUENCE YOUR PARTICIPATION IN THE RIDE A LONG PROGRAM? Y N
IF YES, WHAT?

ARE YOU UNDER A DOCTOR'S CARE? Y N IF YES, WHY? _____

ARE YOU A STUDENT? Y N NAME OF SCHOOL _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y N

IF YES, LIST THE AGENCY, YEAR AND WHAT YOU WERE CHARGED WITH AND/OR CONVICTED OF: (USE THE BACK OF THE FORM IF NECESSARY)

HAVE YOU OR YOUR FAMILY MEMBERS BEEN INVOLVED IN ANY CIVIL LITIGATION OR DUSPUTE INVOLVING THE CITY OF ALMA? Y N

ARE YOU CURRENTLY UNDER THE JURISDICTION OF ANY COURT OF THESE UNITED STATES? Y N

(OVER)

**ALMA POLICE DEPARTMENT
RIDE A LONG 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, judgments, 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

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.

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 INTERACTIONS WITH CITIZENS AND DEPRATMTAL POLICIES AND REGULATIONS.

I ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY REVIEWED THE ABOVE LANGUAGE AND UNDERSTAND AND ACCEPT ALL OF ITS TERMS AND CONDITIONS, I ACCEPT THAT THE EXECUTION OF THIS 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 INFULENCE.

Signature: _____ Date: _____

Printed Name: _____

YOUR SIGNATURE ON THIS FORM CERTIFIES THAT THE INFORMATION PROVIDED AND ANSWERS TO THE QUESTIONS ARE TRUE AND A CORRECT REPRESENTATION OF THE FACTS. MY SIGNATURE ALSO AUTHORIZES THE ALMA POLICE DEPARTMENT TO CONDUCT A REVIEW OF MY INFORMATION TO DETERMINE MY ELIGIBILITY TO PARTICIPATE IN THE CITIZEN RIDE A LONG 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 AS 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: _____ DATE: _____

DEPARTMENT USE ONLY

APPROVAL Y N APPROVED BY: _____ DATE _____

DATE NOTIFIED: _____

IF NO, REASON:

RIDE A LONG ASSIGNMENT:

DATE: _____ HOURS: _____

ASSIGNED BY: _____ DATE: _____

OFFICER ASSIGNED TO: _____

On this _____ day of _____, 20_____, _____
(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 ____/____/____