



SALT LAKE CITY POLICE DEPARTMENT RIDE-ALONG REQUEST FORM



(All lines must be completed and Waiver must be signed)

Date of request: _____

Division requested to ride with: Liberty Pioneer Other: _____

Referred by: _____

Name: _____

Date of Birth: _____

Residence address: _____

Business address: _____

Home phone: () _____ Business phone: () _____ Cell: () _____

I.D. or Driver License #: _____ State: _____ SSN#: _____

Emergency contact: _____ Relationship: _____ Phone: () _____

Do you work or live in Salt Lake City? YES NO

The Salt Lake City Police Department will try to honor your request, but the date and hours will be determined by this department. Each individual will be limited to one 4-hour ride-along which will begin no earlier than 7:00 AM and shall end no later than 1:00 AM.

Day of week requested: _____ Shift requested: Day shift Afternoon shift

The minimum dress standard will be casual sport attire. Shorts, cut-offs, tank or tube tops, sandals without stockings, thongs or bare feet WILL NOT be allowed. All civilian observers will be required to wear a clip on badge which identifies that person as a police ride-along observer. **Civilian or non-sworn ride-alongs with or without a concealed carry permit may NOT be armed.**

For Department Use Only

Background Check (must be completed prior to approval)

Versadex: _____ Warrants: _____ UCCH: _____ III: _____ NCIC: _____ DL: _____ See Attached

Concealed Firearm Permit Yes No Date: _____ By: _____

Has waiver been signed? Yes No (Cannot approve if waiver has not been signed)

Approved? Yes No **Division Commander Signature:** _____ **ID:** _____

Date of ride-along: _____ Time: _____

Name of Officer assigned: _____

Comments or Problems: _____

Shift Sergeant's Name: _____ **ID:** _____ **Signature:** _____



CITY OF SALT LAKE

SALT LAKE CITY CORPORATION RIDE-ALONG PROGRAM

WAIVER and RELEASE

I _____ voluntarily agree to participate in the Salt Lake City Corporation's Ride-Along Program (the "Program") sponsored by the Salt Lake City Police Department (SLCPD).

I am aware of the risks and hazards inherent in my participation in the Program and in accompanying one or more SLCPD Police Officers when on duty, and do hereby voluntarily assume all risk of loss, damage or injury to me or my property, including death, which may be sustained while, or incidental to, accompanying one or more Salt Lake City Police Department Police Officers while on duty. I also voluntarily agree to a background check, to be performed by the Salt Lake City Police Department, in order to verify that I meet the requirements to participate in the program.

I agree to comply with all of rules and regulations of the Program, and to follow the instructions of the police officer(s) who are assigned to me. If I failed to do so, I may be asked to leave the Program that day or permanently.

My participation is not work-related, nor is it directed, or initiated by the Salt Lake City Corporation. I understand that any injury I may sustain as a result of my participation in the Program is NOT covered by worker's compensation.

As a condition of being permitted to accompany one or more SLCPD Police Officers in the course of their duty, I release the Salt Lake City Corporation, its departments, elected officials, agents, and employees from all claims and liability in any causes of action, including but not limited to negligence, claims for personal injury or death, or claims for property loss or damage, which I may have on account of my participation in the Program or related to any happening or occurrence while I am accompanying any SLCPD Police Officer on duty. In addition and for the same grant of permission, I promise to release and promise not to sue the City, its departments, elected officials, agents, and employees, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

The terms of this Waiver and Release shall be in full force and effect from the date stated below and shall remain in effect for any other occasion when I may participate in the Ride-Along Program.

I agree this Waiver and Release is binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers and agents, public officials and persons designated in this Waiver and Release, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

DATED this _____ day of _____, 20_____

Name (Printed)	Signature	Date of Birth	Age
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Address:

Street Number	City, State	Zip
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School:

Grade	Requested Date of Ride	Time of Ride
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Phones:

Work	Home	Cell
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PARENT OR GUARDIAN'S CONSENT

FOR MINOR PARTICIPANTS: I, the undersigned, represent that I am legally appointed or natural guardian/guardians of the above-named person who is under the age of eighteen (18) years; that he/she has signed this document with my full knowledge and consent; and that I join in signing this document and agree to the terms and provisions for myself and my heirs, executors, personal representatives, and assigns.

Signed	Print Name	Date
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