MADRAS POLICE DEPARTMENT
CITIZEN OBSERVER (RIDE-ALONG) PROGRAM

_____
Last Name First Name Middle Name Maiden

_____
Street/Mailing Address City/State/Zip Code

Phone:_____ Email:_____

Date of Birth:_____ SSN:_____

I hereby request permission to Ride as a civilian observer in a Police Department Patrol vehicle because

_____

_____

All requested dates listed below are at least 10 days after submitting this application: Date and time

1st Choice:_____

2nd Choice:_____

3rd Choice:_____

I further agree with and voluntarily sign the Release and Hold Harmless Agreement.

Release And Hold Harmless Agreement

In consideration of being permitted to ride in a vehicle owned and operated by the City, for the expressed purpose of observing operations and facilities of the Police Department the undersigned agrees to release and hold harmless the City, its agents, employees, and elected official(s) from any and all liability to me for personal injury or death or property damage, whether proximate or remote, sustained during or as a result of my ride as an observer.

I understand that I will be a guest passenger in the vehicle in which I ride, and I have not offered any payment to the Police Department or its employees for the opportunity to ride. I further understand that I may be summoned as a witness in any proceedings as a result of my observations.

This observation is for my educational benefit. At all times, I agree to obey all orders, instructions and commands of the officer(s) of the Police Department. I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to danger of physical harm, injury, including traffic accidents, and am willing to accept these risks. I further agree to keep confidential anything which I may observe or hear. I understand that my observation ride may be terminated at any time without notice.

I authorize the Police Department to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me.

I freely and voluntary sign this Release and Hold Harmless Agreement in sole reliance of my own judgment.

_____
Signature of Applicant Date

Parental Endorsement (for applicants under 18 years of age): I have read and understand the Release and Hold Harless Agreement and agree to be bound to its provisions as they apply to my son/daughter _____. I agree to assume full responsibility for my son/daughter as it would pertain to the provisions set forth.

_____
Signature of Parent/Guardian Date

(FOR OFFICE USE ONLY)

Date/ Time: _____By:_____Checks: CCH ☐ WANTED ☐ DL ☐

Approved/Denied: _____Notified By: _____ Date:_____

Assigned Officer:_____

Host officer Name/ Comments:_____