1. All persons wishing to participate in the Ride-Along Program must be at least 16 years of age.

2. All participants in the Ride Along Program must read, agree, and abide by all rules and regulations and complete the Ride Along application and the “Covenant Not to Sue, Assumption of Risk, Promise to Release” waiver form before the ride along. If the participant is a juvenile, the parent(s) or guardian(s) must sign the waiver and have it notarized before an approval can be granted.

3. Participants are only permitted to ride once every six (6) months unless otherwise authorized by the Patrol Division Commander.

4. Participants must have a valid photo identification or drivers license with them when reporting for their scheduled ride along.

5. Participants must be dressed in clothing appropriate for contact with the public (no shorts, jeans, or shorts). If the participant shows up for their ride along and they are not in appropriate clothing they will be denied participation in the Ride-Along Program.

6. Participants shall be considered an observer only, and shall be under the direct supervision of the assigned officer during the ride along.

7. Participants shall conduct themselves in a civil and courteous manner at all times.

8. Participants must wear their seatbelts at all times while in the patrol vehicle.

9. Participants must remain in the patrol vehicle unless instructed to leave by the officer.

10. In case of a potentially dangerous or hazardous call, participants may be dropped off at a safe location. If this occurs, the officer will give the participant specific instructions and arrange to have them picked up by another officer. Please note that this is for the rider’s safety.

11. Participants must not become involved in any incident the officer is handling unless called upon by an officer in an extreme life-threatening emergency. This includes discussions of an incident with victims, witnesses, or suspects.

12. No tape recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his designee.

13. For security and safety reasons, participants are not allowed to handle or use any of the officer’s equipment or the equipment in the patrol vehicle unless called upon by an officer in an extreme life-threatening emergency.

14. Failure to comply with any of the above listed rules and regulations will result in the immediate termination of the ride along.

I, ___________________________ have read, understand, and agree to follow the above rules and guidelines pertaining to the Noblesville Police Department Ride-Along Program.

Applicant’s Signature: __________________________________________ Date: _________________________________

Parent/Guardian: __________________________________________ Date: _________________________________
COVENANT NOT TO SUE, ASSUMPTION OF RISK,
PROMISE TO RELEASE

RELEASE OF LIABILITY – ADULT APPLICANT’S CONSENT

In consideration of permission which I have received to accompany one or more police officers of the Noblesville Police Department, City of Noblesville, Indiana, a municipal corporation, in the course of his or their duty. I the undersigned hereby release the City of Noblesville, its police officers, public officials, officers, servants, employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries to me or to my property, or my death, arising out of or related to any happening or occurrence while I am accompanying any officer or officers of the Noblesville Police Department on duty, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said City and the said persons, and agree to forever hold them and such of them harmless from any such liability, claims, demands, action or causes of action. THE TERMS hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Noblesville Police Department police officer or officers. I HAVE READ and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to me or to my property, including death, which may be sustained while or incidental to accompanying one or more Noblesville Police Department police officers while on duty. THIS RELEASE AND AGREEMENT shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers, public officials, and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Persons under eighteen (18) years of age require the signature of their parent or guardian.

I hereby acknowledge that I have read and fully understand the terms and conditions of this statement, this _________ day of ______________, 20______.

__________________________________________________________
Signature of Passenger

__________________________________________________________
Address / Phone Number of Passenger

__________________________________________________________
Printed Name of Passenger

__________________________________________________________
Date of Birth

__________________________________________________________
Social Security #

FOR OFFICIAL USE ONLY

__________________________________________________________
Agency Authorization Signature

__________________________________________________________
Expiration Date
COVENANT NOT TO SUE, ASSUMPTION OF RISK, PROMISE TO RELEASE

RELEASE OF LIABILITY – PARENT OR GUARDIAN CONSENT

MINOR: ____________________________________________________________

I/we, the undersigned, represent that I/we are the legally appointed or natural parent/guardian(s) of the above-named person who is under the age of eighteen (18) years, that he/she is signing the below “Consent Not to Sue, Risk of Assumption, Promise to Release and Release of Liability” with our full knowledge and consent, and I/we are joining in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement with the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives and assigns.

___________________________________________  _____________________________________________________
Signature of Minor                                Address / Phone Number of Minor

___________________________________________  _____________________________________________________
Signature of Parent/Guardian                     Address / Phone Number of Parent/Guardian

The foregoing instrument was acknowledged before this ________ day of ________________, 20________,
by ____________________________________________ for ____________________________________________.

(Name of Parent/Guardian)                       (Name of Minor)

Who is:      ________ Personally known to me; or
              ________ Has produced the following identification

______________________________________________________________________________________
(Type of Identification)

___________________________________________
Notary Signature

___________________________________________
Notary Stamp and/or Seal
Please complete the following and note that any application that is incomplete will not be processed:

Name: __________________________________________________________________________

Street Address: __________________________________________________________________

City: _____________________________ State: _____________________________ Zip: __________

Phone Number: _____________________________ (Home) _____________________________ (Work) _____________________________ (Cellular)

Email Address: __________________________________________________________________

Date of Birth: _____________________________ Age: _____________________________ Sex: __________

Drivers License Number: _____________________________ Social Security Number: ________________

Occupation or School: __________________________________________________________________

Do you have any physical or mental conditions, which might hinder your participation in this program? Yes_____ or No_____. If yes, please provide a description: __________________________________________________________

________________________________________________________________________________________________

Day of week and hours that you would prefer to ride: __________________________________________________________________

________________________________________________________________________________________________

Reason for riding: __________________________________________________________________

________________________________________________________________________________________________

Have you ridden with the Noblesville Police Department before? Yes_____ or No_____. Officer: __________

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approval: _____________________________ Denial: _____________________________ Date: __________

Approval/Denial Officer: __________________________________________________________________

Date and Time of Ride: _____________________________ Officer Assigned: _____________________________

Relationship to Officer (if any): __________________________________________________________________