



Belle Fourche Police Department

1010 8th Ave,

Belle Fourche, SD 57717

Fax: 605-892-4504



RIDE ALONG APPLICATION AND WAIVER FORM

DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____ have requested permission of the Belle Fourche Police Department to participate in the Police Ride-Along Program. I understand the ride-along program involves riding in a police vehicle being operated by a police officer who is performing both routine and emergency police functions. I acknowledge that riding in a police vehicle can be a potentially dangerous activity, as it may be necessary to operate the vehicle outside of the normal rules of the road. I further acknowledge that I may be exposed to dangerous and/or hazardous situations inherent in police work where I may be at risk for serious, or even fatal, including shootings, explosions, fire, and civil disturbances. I understand that police officers cannot avoid all dangers or disregard his/her duties which involve such dangers or hazards simply because I am accompanying him/her. Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in the ride-along program. I, the undersigned, in consideration of being allowed to participate in the ride-along program do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns, forever waive, release, and discharge the City of Belle Fourche and its officers, officials, employees, agents and volunteers from and against any and all claims, damages, or liabilities arising out of or in any way connected with my participation in the ride-along program. I have carefully read the foregoing Release and Waiver of Liability. I understand the contents thereof and I sign the same freely and voluntarily. In consideration of my being permitted to participate in the "Ride-along" program, I agree to be bound by all orders, rules and regulations concerning my participation; to promptly obey all instructions of any police officer; and to release the City of Belle Fourche, its Officers, agents and employees from any liability arising out of said participation and I fully assume such risks and sign this document of my own free will.

Signature of Participant/Declarant

Print Name of Participant Date

Parent/ Legal Guardian Signature

Parent/ Legal Guardian Print Name Date

I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Belle Fourche Police Department to complete a background check prior to being approved to participate in this program.

Name: _____, Driver's License Number: _____

Address: _____, City: _____, State: _____, DOB: _____

Home/Cell Phone: _____

Please list any health problems or concerns:

Please list reasons why you are requesting this ride along:

List any prior arrests if applicable:

Emergency contact name:

Number:

By signing this document, I acknowledge that the opportunity to participate in the Belle Fourche Police Department Ride-Along Program is a privilege and that the assigned officer, Chief of Police, or his designee can discontinue my participation in the ride-along program at any time.

Signature:

Date:

Witness Signature:

Date:

THIS PORTION TO BE COMPLETED BY BELLE FOURCHE POLICE DEPARTMENT TRAINING OFFICIAL

Approved _____

Denied _____

Reason:

Officer assigned:

Scheduled date:

Background Checked by:

Authorized by:

Signature of Chief, or Lieutenant, or Sergeant

