



HILLSBORO POLICE DEPARTMENT

Ride-Along Release of Liability Form



REQUEST TO PARTICIPATE

I understand permission to ride along with an officer of the Hillsboro Police Department is a privilege, not a right. As a condition of this privilege, I agree to:

1. Not hold the City of Hillsboro, Missouri, nor any individual persons or officers of the City, responsible for any actions that may arise during the course of my ride-along, unless the situation is due to unprofessional conduct by the officer.
2. Conduct myself in a professional manner at all times.
3. Not interfere with the performance of any City of Hillsboro employee's duties.
4. Be dressed and groomed in a manner so as not to detract from the professional image of the Hillsboro Police Department.
 - i) Dress acceptable to the business world is required.
 - ii) T-Shirts, tank tops, sweat shirts, athletic shoes, and sandals are forbidden.
5. Not take any photographic, audio, or video images using any device, including a cell phone.
6. Not possess any firearm or other weapon for the duration of the ride-along.

Name		Residence Address		City	State	ZIP
Sex	Race	Date of Birth	Phone Number	Occupation		
Emergency Contact Name			Emergency Contact Phone		Previous Ride-Along Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently a police academy cadet? No Yes; where: _____

Academy Director Signature: _____

PARTICIPANT AGREEMENT

I have read, understood, and agree to the conditions of participating in a ride-along with the Hillsboro Police Department. All information provided in this form is true and accurate to the best of my knowledge.

Signature _____
Date

Witness Signature _____
Date

OFFICER ACKNOWLEDGMENT

I hereby certify that the foregoing waiver was read by me and that the individual named above will be riding with me only, and that he/she has read and signed this waiver in my presence.

Officer Name _____ _____
Officer Signature _____ _____
Date

Date and Time of Ride-Along Requested		Chief/Supervisor Decision <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
Supervisor Name	Supervisor Signature	Date	