

HALLSVILLE POLICE DEPARTMENT

RIDE - ALONG PROGRAM

Rules:

The Ride-Along Program of the Hallsville Police Department is designed to provide citizens with the opportunity to observe law enforcement in action and become familiar with Department patrol activities.

Participants of the Ride-Along Program become the responsibility of the Police Officer with whom they ride. Participants are asked not to leave the patrol car on specific police assignments unless their assistance is requested by the Police Officer with whom they are riding. This policy is necessary to protect the citizen from any eventuality of bodily harm, no matter how remote. The role participants play is strictly that of Police Officer. They may not become involved verbally or physically with any suspects the Police Officer questions or with whom the Police Officer comes in contact.

Citizens over the age of fourteen (14) and under eighteen (18) may participate once every six (6) months. Citizen under eighteen (18) may not ride after 11:00 p.m.. Citizens over eighteen (18) may participate once every two (2) months.

The Department requires that all participants be neatly attired when riding in a police vehicle. The accepted mode of dress is shoes, shirt/blouse, slacks, and jacket/coat when applicable.

Application:

NAME: _____ HOME PHONE: _____

AGE: _____ DATE: _____

DRIVER'S LICENSE NO: _____

HOME ADDRESS: _____

PREFERRED DATE: _____ PREFERRED TIME: _____

My reason for wanting to ride in a police car: _____

HALLSVILLE POLICE DEPARTMENT RIDE-ALONG PROGRAM

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ of _____ do herewith apply for permission to ride in a Hallsville Police Car. In consideration of being granted permission to ride in a City of Hallsville vehicle and of accompanying a Hallsville Police Officer for the purpose of observing and becoming familiar with the operation of a Hallsville Police Officer in the actual performance of his/her duties, I do hereby release and discharge the City of Hallsville, the Hallsville Police Department and all their officers and employees from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands therefore on account of injury or casualty to myself or my property, whether negligence or otherwise, during such time that I may be in an automobile or other vehicle or the Hallsville Police Department for the above purpose while said officer is officially discharging his/her duties.

I further assume all risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Hallsville, the Hallsville Police Department, their officers or employees, in respect or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Hallsville, the Hallsville Police Department and all of their officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Hallsville Police Department automobile or other vehicle or in the company of a Hallsville Police Officer, while said officer is officially discharging his/her duties.

(Signature of Applicant)

(Date)

(Signature of Parent or Guardian)

_____ (If under 18yoa)
(Date)

Authority:

(Officer signature)

(Date)

(Supervisor signature)

(Date)