

City of Broken Arrow Police Department
RIDE-ALONG AGREEMENT & RELEASE OF LIABILITY

I seek the opportunity to participate in the City of Broken Arrow Police Department Ride-Along Program.

I understand I will not be paid for my time or any services I perform, I am not an employee of the City of Broken Arrow, Oklahoma, and I may not represent myself as anything other than a volunteer for the City of Broken Arrow, Oklahoma.

I understand that there are inherent dangers involved in Police work, including but not limited to involvement in traffic accidents or violent situations, and I agree, on behalf of myself, my family and my heirs, to accept these risks knowingly and voluntarily.

In consideration of this Ride-Along opportunity, I acknowledge, understand and accept all risks which I may be exposed to, and I agree, on behalf of myself, my family and my heirs, to waive any and all claims, causes of action, or damages of any kind or nature, including but not limited to any foreseen or unforeseen personal injury (including death), property damages, or other losses or damages, against the City of Broken Arrow, Oklahoma, its employees, agents, or Officers, which may arise out of or in connection with any aspect of my experience with the City of Broken Arrow, Oklahoma.

I understand that in the course of my ride-along experience, I may be presented with confidential information. I agree to keep confidential any knowledge I may have relating to any cases, prisoners, victims, or other confidential information of any kind. I understand that violation of this promise could jeopardize an investigation or the safety of others. I will not discuss any aspect of the Department's work with the media or with anyone other than authorized Department personnel.

I am seeking the opportunity to become a Ride-Along participant with the City of Broken Arrow Police Department voluntarily, and no promises, agreements or other inducements have been made. I understand that the City of Broken Arrow, Oklahoma will rely on this statement by me, and that the terms of this agreement are contractual in nature, and are specifically designed to protect the City of Broken Arrow, Oklahoma, its employees, agents, and Officers. I understand that the City of Broken Arrow Police Department may terminate this agreement at any time.

I have read the above statement and I understand it. I have obtained any legal advice I believe I may need prior to signing this document, and I sign this document freely and voluntarily.

Signed this ____ day of _____, 20_____.

Requested Date and Shift:_____

Rider's **Signature**

Parent/Guardian of Rider
(If Rider is under 18 YOA)

Rider's Name (**Printed**)

Parent/Guardian's Name (**Printed**)

STATE OF OKLAHOMA §
COUNTY OF TULSA §

On this ____ day of _____, 20__ before me personally appeared _____, known to me to be the person(s) named herein and who executed the foregoing **City of Broken Arrow Police Department Ride-Along Agreement and Release of Liability** and who acknowledged to me that he/she/they knowingly and voluntarily executed the same.

My Commission Expires

Notary Public

Patrol Shifts: First Shift 10:00pm-08:00am
 Second Shift 7:00am-5:00pm
 Third Shift 3:00pm-1:00am

*Please be specific as to which shift you are requesting to ride with.
* Ride along is limited to 5 hours per policy.
*Professional/Casual clothing required. No shorts, t-shirts, dirty, or ragged clothing

Name of Officer with Whom Participant Will Be Riding

Range of dates you are available. Try not to submit a request for a specific date. Due to the daily changing nature of patrol work, it is more suitable for us to work in your request at times when staffing conditions are favorable.

APPLICANT - DO NOT WRITE BELOW THIS LINE

Approved by:

Watch Commander

Officer

