



City of Yakima  
Police Department

Official Use Only  
Scheduled Date For Ride Along: \_\_\_\_\_ Time: \_\_\_\_\_

**Ride Along Application - Passenger Permit and Waiver**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ DL/ID: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Complete this section if applicant will be under the age of eighteen at the date of the ride along.**  
**Legal Parent / Guardian**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Have you ever participated in the ride along program before?  Yes  No  
If yes, how many times: \_\_\_\_\_ Date of last ride along: \_\_\_\_\_

Why are you interested in the ride along program?  
\_\_\_\_\_

Select One Below:

- I am a current qualified law enforcement officer, as defined by the **Law Enforcement Officer Safety Act - 18 USC Â§ 926B(c)**.
- Participating in a Job Shadow Program. *School:* \_\_\_\_\_
- A graduate or attending the Yakima Police or other Yakima Valley Citizen Academy. *Date of Attendance:* \_\_\_\_\_
- A member of another law enforcement agency. *Name/Location of Agency:* \_\_\_\_\_
- A current or retired City of Yakima employee. *Dept/Division Assigned:* \_\_\_\_\_
- A police or corrections applicant for the City of Yakima.
- Yakima Police Explorer.
- Police Volunteer such as Chaplain, etc...
- Yakima Police Officer Candidate on Civil Service Register.
- Currently Enrolled in a Criminal Justice Education Program. *School:* \_\_\_\_\_
- A family member of a Yakima Police employee. *Employee Name:* \_\_\_\_\_
- Other: (Describe) \_\_\_\_\_

Records Check Complete  Yes  No Completed By: \_\_\_\_\_ Date Application Received: \_\_\_\_\_  
 Application Approved  Application Denied by: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Assigned to: \_\_\_\_\_ Squad \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**City of Yakima Police Department**

*Ride Along Application*

**RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE  
PLEASE READ CAREFULLY**

I am an applicant who wishes to and has requested permission from the Yakima Police Department ("YPD") to ride in a Yakima Police vehicle (referred to in this document as a "police vehicle"). The applicant understands that no benefit will accrue to the City of Yakima, the Yakima Police Department, or to any individual police officer in the event my request is granted, and my request for such permission is sought for my sole benefit.

If permission is granted for me to ride in a YPD police vehicle with a YPD officer(s), I agree and represent that I am and will be participating voluntarily and of my own free will. I understand and am aware that extraordinary risks exist while riding in a police vehicle, which are much higher than those ordinarily involved in riding as a passenger in a non-police vehicle, because of the nature of the activities for which the police vehicle has and may be used while the applicant is riding in it, including but not limited to high speed travel, its use in various emergency situations and for other police activities. With such knowledge and understanding, I VOLUNTARILY ASSUME AND CHOOSE TO INCUR ANY AND ALL SUCH RISKS OF LOSS, DAMAGES OR INJURY, INCLUDING DEATH, THAT MAY ARISE FROM MY PARTICIPATION IN RIDING IN A YPD POLICE VEHICLE AND/OR FROM PARTICIPATING IN THE RIDE ALONG PROGRAM. I RELEASE THE CITY OF YAKIMA AND THE CITY OF YAKIMA POLICE DEPARTMENT, AND THEIR ELECTED OR APPOINTED OFFICIALS, OFFICERS, EMPLOYEES, POLICE OFFICERS, AGENTS, AND VOLUNTEERS FROM ANY LIABILITY FOR INJURIES OR DAMAGES TO ME, INCLUDING ANY AND ALL INJURIES AND/OR DEATH, WHICH MAY RESULT IN ANY WAY FROM MY RIDING IN A YPD POLICE VEHICLE OR FROM MY PARTICIPATION IN THE RIDE ALONG PROGRAM.

I agree to all of these terms on behalf of myself, my spouse (if applicable), my family, my parents, my heirs, my executors and personal representatives of my estate, and this Release of All Claims and Waiver of Liability is binding on me and them. I have read and understand the information in this Release of All Claims and Waiver of Liability.

\_\_\_\_\_  
Signature of applicant/participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of applicant

- I have read the Yakima Police Department Ride Along Waiver.
- I have looked at and agree to the Yakima Police Ride Along Policy. Further, I agree to abide by the policy and follow the directions of the assigned officer.
- I understand and agree that a criminal background check may be completed before I may be approved for the ride along program.

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/Guardian Signature for minor: \_\_\_\_\_

Date Signed: \_\_\_\_\_

I am the parent / guardian of the applicant and have also read the Ride Along Waiver and Yakima Police Ride Along Policy.

**\*\*\*ALL RIDERS MUST BE APPROVED BY A COMMAND LEVEL OFFICER\*\*\***

Assigned Officer / Badge \_\_\_\_\_

Date Signed: \_\_\_\_\_

Assigned Officer's Sergeant / Badge \_\_\_\_\_

Date Signed: \_\_\_\_\_

Command Officer/ Badge \_\_\_\_\_

Date Signed: \_\_\_\_\_