



Yakima Police Department



Ride Along Application - Passenger Permit and Waive

Official Use Only

Scheduled Date for Ride Along: _____ Time: _____

Last Name: _____ First Name: _____ M.I.: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Mobile Phone: _____ ID/DL: _____
 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: _____ M.I.: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Mobile Phone: _____

Why are you interested in the ride along program?

Have you ever participated in the ride along program? Yes NO

If yes, how many times: _____ Date of last ride along: _____

Select One Below:

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

Official Use OnlyRecords Check Complete: Yes No Completed By: _____ Date of Check: _____ Application approved Application Denied by: _____ Reason for Denial: _____

CITY OF YAKIMA POLICE DEPARTEMENT

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 in binding on me and them. I have read and understand the information in the Release of All Claims and Waiver of Liability.

- I have read the above Yakima Police Department Ride Along Waiver
- I have read and agree to the Yakima Police Ride Along Policy. Further, I agree to abide by the policy and follow the directions of the officer that I am assigned to ride with.
- I understand a criminal background check may be completed before I am approved to participate in the Ride Along program. I consent to a criminal backgrounds check.

Signature of applicant/participant

Date Signed

Complete below if Ride Along applicant will be a minor at the date of the scheduled ride along.

- As the legal parent / guardian of the applicant I affirm that I have read the Ride Along Waiver and Yakima Police Ride Along Policy.

Parent/Guardian Signature for minor

Date Signed

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

Command Officer / Badge:

Date Signed:

Assigned Officer's Sergeant / Badge:

Date Signed:

Assigned Officer / Badge:

Date Signed:

Total Hours of Rider Participation: _____