

## **RIDE ALONG PROGRAM FOR NON-LAW ENFORCEMENT PERSONS**

### **POLICY AND PROCEDURES**

#### **PURPOSE:**

**To control and limit the riding of non-law enforcement persons in Dillon Police Department Vehicles.**

#### **POLICY:**

**It shall be the Policy of Dillon Police Department not to permit the riding by non-law enforcement persons without the permission of the Chief of Police.**

**Requests for a ride along will be in written form and accompanied by a signed "Release of Liability" form.**

**The written request will state the date, time and length of the ride along requested as well as the reason for the ride.**

**DILLON POLICE DEPARTMENT  
REQUEST FOR RIDE-ALONG**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
DATE OF RIDE-ALONG: \_\_\_\_\_ TIME: \_\_\_\_\_ OFFICER: \_\_\_\_\_  
REASON FOR RIDE-ALONG: \_\_\_\_\_

**“RELEASE OF LIABILITY”**

I, \_\_\_\_\_, do hereby state and affirm that:

1. I desire to participate in the Ride-Along program operated by the Dillon Police Department;
2. I understand that as an observer I will be riding in Police cars with on-duty Police Officers who will be engaged in various law enforcement activities;
3. I understand that such activities can be very hazardous, and that I may be placed in hazardous situations, including but not limited to high speed pursuits, arrests, fights, and other dangerous events;
4. I will comply fully with all requests of Police Department personnel during the course of my participation in the program, in order to minimize the risks involved and avoid hindering Law Enforcement activities; that I understand that I may be asked to get out of the police vehicle at any location in the City, in the event of an emergency or dangerous call.

THEREFORE, in consideration of being given the opportunity of observing police operations by riding in a vehicle operated by Officers of the Dillon Police Department, I recognize and assume all risks pertaining to the Ride-Along program and I hereby release the City of Dillon, the Dillon Police Department, and all officials and personnel of the City of Dillon, MT., from any and all liability whatsoever for any injuries, damages, and/or disabilities that I, my heirs and devisees, dependents and assigns may sustain in any way during the course of my participation in the Ride-Along program.

I hereby certify that I have read the above statements and understand them, and that I intend to be legally bound thereby.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Rider's signature

Rider under (18) eighteen years of age must have the form below completed and notarized by Notary Public or witnessed by employee of the Dillon Police Department.

I, \_\_\_\_\_, certify that I am the parent or guardian of the citizen rider named above, that I consent to his or her participation in the Ride-Along program, that I have read the information written above and that I hereby acknowledge that the release and waiver of liability shall apply to me and all others sharing legal guardianship of the citizen rider to the extent that it applies to the citizen rider.

Parent / Guardian \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

Witness / Notary \_\_\_\_\_

Approved by Chief of Police \_\_\_\_\_

Original on file the Chief of Police Office

**GUIDELINES THE FOR RIDE-ALONG PROGRAM**

**OFFICER ON DUTY:**

1. Participation in the program is voluntary.
2. Must be in agreement with the time of ride-along.
3. May determine or reschedule the ride at will.
4. Will determine what activity the rider will or will not observe.
5. Will evaluate and report to sponsor if requested.

**RIDER:**

1. Will respond immediately to Officer's directions.
2. Will complete the entire "Request for Ride-Along" form as applies.
3. Can terminate the ride-along at will, rescheduling done by new application.
4. Will exit the vehicle ONLY at the Officer's direction.
5. May be dropped off prior to Officer's response to a potentially dangerous call as determined by the Officer.
6. Will not confer with persons arrested or detained by the Officer.
7. Will not handle evidence unless so directed by the Officer.
8. Will evaluate each trip and report to sponsor if requested.
9. Will wear the seatbelt provided while inside the police vehicle.
10. Will not carry or possess any weapons while riding.

**GENERAL:**

1. Maximum (4) four hour ride-along (Extended by the Chief of Police ONLY, during normal business hours).
2. One rider only.
3. Female rider may be required to ride in (2) two man units.
4. Minimum age (16) sixteen years of age.
5. Tape recorders of cameras are prohibited.

I, \_\_\_\_\_ do hereby state and affirm that I have read the above guide lines and understand them completely and agree to abide by them or the ride will be terminated immediately.

\_\_\_\_\_  
Rider Signature

I, Officer \_\_\_\_\_ do hereby acknowledge and understand that the above named rider has completed a "Request for Ride-Along" form and that such form has been accepted by the Chief of Police and that such person is authorized to participate in the Ride-Along Program as indicated below. I have read and understand my responsibilities as outlined above in the OFFICER ON DUTY section and agree to allow the person to Ride-Along.

\_\_\_\_\_  
Officer Signature and Badge Number

Date \_\_\_\_\_ Time \_\_\_\_\_  
Date and Time of Ride-Along  
Original on file in Chief's office.

\_\_\_\_\_  
Approved (only if Liability form signed and on file)