



# Dearborn Police Department Ride-Along Application



Prior to participation in the Dearborn Police Department Ride-Along Program this form must be completed along with the Ride-Along Voluntary Release of Liability Agreement. These forms must be submitted to the department at least 3 business days prior to the requested participation date to allow time for approval. Any false information or omissions on this application may result in immediate disqualification from participation in the program. The Dearborn Police Department reserves the right to deny ride-along participation for any reason without prior notice.

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Why do you want to participate in the ride-along program?

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in a ride-along program before? Is so, when and where?

\_\_\_\_\_  
\_\_\_\_\_

Please Circle 'YES' or 'NO' to the following:

Do you have criminal charges pending in any court? YES NO

Have you ever been charged or convicted of a criminal offense? YES NO

List the date(s) you are available to participate: \_\_\_\_\_

List the time(s) you are available to participate: \_\_\_\_\_

Do you have a specific officer you would like to ride with: \_\_\_\_\_



For Department Use Only

Assigned Officer: \_\_\_\_\_

Shift Supervisor Signature: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_

Approved  Denied



# Dearborn Police Department Voluntary Release of Liability Agreement



I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in the Dearborn Police Department Ride-Along Program.

**I AM FULLY AWARE AND UNDERSTAND THAT POLICE WORK IS INHERENTLY DANGEROUS AND CHOOSE TO PARTICIPATE DESPITE THE RISKS ASSOCIATED WITH THE INHERENT DANGERS.**

I understand that, during the Ride-Along, there may be high-speed chases and/or armed suspects and/or other criminal activity. I understand that my participation in the Ride-Along Program may result in bodily injury, physical and emotional disability, property damage, and death to me. Understanding these risks, it is still my knowing and voluntarily decision to participate in the Ride-Along Program. **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF INJURY, DISABILITY, PROPERTY DAMAGE AND DEATH** resulting from my participation in the Dearborn Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **Initial:** \_\_\_\_\_

In consideration for the Dearborn Police Department allowing me to participate, **I HEREBY AGREE TO WAIVE, RELEASE, DEFEND, AND DISCHARGE FROM ALL LIABILITY** the City of Dearborn, its elected and appointed officials, officers, agents, and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from my participation in the Ride-Along Program. I intend for this agreement to be bind on my heirs, personal representatives, next of kin, spouse and assigns. **Initial:** \_\_\_\_\_

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS A LEGALLY BINDING AGREEMENT TO RELEASE THE CITY OF DEARBORN FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE DEARBORN POLICE DEPARTMENT RIDE-ALONG PROGRAM. I SIGN IT OF MY OWN FREE WILL.**

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Dearborn Police Department and as such, permission may be restricted to specific periods of time or revoked entirely by the Police Department in its sole discretion.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_