

Commerce City Police Department.

Thank you for your interest in the Commerce City Police Department Ride-Along program. We hope your experience will be enjoyable and informative.

Criteria:

Ride-Along participants must be a member of one of the following categories:

- ❖ Commerce City residents.
- ❖ Police Officers from other agencies.
- ❖ Current Police Office Applicants.
- ❖ Persons employed within the city limits of Commerce City.
- ❖ College students enrolled in a criminal justice program.
- ❖ Members of the Citizens Police Academy.
- ❖ Victim Advocate volunteers.
- ❖ Prospective employees or prospective members of the Explorer program or the Victim Services program.

Eligible applicants must adhere to the following limitations:

- ❖ Turned in at least five (5) working days prior to the date you wish to ride (this allows adequate time to process your request).
- ❖ The attached forms must be submitted (Waiver and Liability Release and Civilian Ride-Along)
- ❖ Maximum of one (1) Ride-Along every six (6) months.
- ❖ Ride-Alongs are a **maximum of six (6) hours**.
- ❖ Carrying weapons of any type is strictly forbidden except for commissioned police officers.
- ❖ Juveniles generally may not participate in ride-alongs. A juvenile may be considered with the following exceptions:
 - Current Commerce City Police Explorer
 - Juveniles are not allowed to ride between the hours of 10:00 p.m. and 5:00 a.m.
 - Approvals of a Deputy Chief of Police

Ride-Along participants will be meeting members of our community and are expected to display in a professional demeanor.

The Ride-Along may be terminated at any time by the participant, the assigned officer or a supervisor. In this event, the participant will be returned as soon as practical to the police station.

If you have any questions regarding your application, please contact the Patrol Administration Assistant at (303) 289.3672. Thank you for your interest.

Sincerely,

Clint Nichols
Chief of Police

WAIVER AND LIABILITY RELEASE

POLICE RIDE-ALONG

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.

I _____ (Name of Participant), residing at _____
(Address), County of Adams, State of Colorado, request participation in a Ride-Along with Commerce City Police for educational purposes. I agree and state as follows:

Acknowledgment and Assumption of Risks: I realize the accompanying police officers on a Ride-Along can and will expose me to personal danger, loss, and the risk of injury or death. I further understand that activities during the Ride-Along can be hazardous. I understand these activities may include, but will not be limited to, driving and traveling in motor vehicles; exposure to crime and criminal activity; exposure to the use and handling of firearms and explosive devices, including handguns, shotguns, long guns, tasers, pepper ball guns, flashbangs, and other law enforcement tools; and observing police practices. I acknowledge it is impossible for the City of Commerce City and the Commerce City Police Department (collectively the "City") to guarantee my safety. I acknowledge that I may be exposed to danger and risk of harm, and that a complete listing of inherent dangers and risks is not possible. I understand risks during the Ride-Along include, but are not limited to, loss or damage to personal property, bodily injury, bruises, scrapes, bumps, strains, exposure to inclement weather, serious neck and spinal injury, head injury, trauma, psychological injury, permanent disability or death due to the activities and also from inherent dangers in those activities such as, but not limited to, motor vehicle, or tactical police vehicle accident; slipping, tripping, and falling; firearms and other law enforcement tool accident; trauma from criminal activity I may observe; and equipment failure. I also acknowledge that injuries resulting from Ride-Along activities can include severe social or economic loss. I further understand that there may be other risks and injuries not known or not reasonably foreseeable at this time. I voluntarily assume the risks, including but not limited to the foregoing risks, and accept personal responsibility for damages due to such loss including but not limited to any injury, permanent disability, or death. I represent that I have no limiting medical conditions and am fully capable of participating in the Ride-Along.

Observations Only: I represent and warrant that I must only observe police activities. I understand that I may not and will not participate in law enforcement activity. I understand that I am a civilian observer and I have no law enforcement authority of any type.

Release and Waiver of Liability: In consideration for the City allowing me to participate in the Ride-Along, **I VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE THE CITY FROM ALL LIABILITY INCLUDING, BUT NOT LIMITED TO, ANY ACT OF NEGLIGENCE OR OTHERWISE AND OF EVERY NATURE (EXCEPTING GROSS NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT) AND IN CONJUNCTION WITH RIDE-ALONG ACTIVITIES, I WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE** against the City, and its

employees, successors, assigns, agents and all others who may be liable, present and future, known or unknown, caused by or resulting from participation in the Ride-Along, including the results of any decision made in connection with my care and treatment arising out of participation in the Ride-Along. In the event any action is brought against the City, or any of its employees, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, I agree that presentation of this Waiver and Liability Release constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice.

I hereby give permission to the City, its employees, agents, successors, assigns, and all others, to act in the event that I should require medical attention while involved in the Ride-Along. This permission is for the purpose of securing benefits for my health and welfare, and expressly permits the City to sign releases to physicians who may render emergency medical care and services. I agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse the City for any expense that may be incurred for my treatment, care, drugs, and other services.

I have read, understand, and agree to all terms and conditions set forth in this Waiver and Liability Release and sign the same knowingly and voluntarily.

Participant Name: _____

Participant Signature: _____

Date: _____

Commerce City Police Department

Application for Civilian Ride-Along Program

Name: (printed) _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cellular Phone number: _____ Home phone number: _____

Email Address: (must be legible for processing) _____

Driver's License Number and State of Issue: _____

(Attach a copy of your driver's license)

Have you previously participated in a Ride-Along with the Commerce City Police Department?

Yes ☐

No ☐

When: _____

Reason for request to ride along: _____

When would you like to participate in a Ride-Along? (Date and Time must be specified).

1st Choice: Date _____ From: 6 _____ to _____

2nd Choice: Date _____ From: 6 _____ to _____

All riders must dress appropriately. Blue jeans, t-shirts, sweatshirts, sweat pants, sandals, flip flops and "sports" clothing such as jackets and hats are not allowed. **Initials:** * _____

I hereby certify that the information listed above is true and correct.

*

Applicant's full signature _____

Date _____

Juvenile applicants require a parent or legal guardian's signature. Having read the indemnification and understanding the inherent danger, I hereby give my minor child permission to participate in the Ride-Along program with the Commerce City Police Department.

*

Parent or Legal Guardian Signature _____

Date _____

Do not write below this line

CCH/NCH: No Record _____ Attached _____ CCIC/NCIC: No Record _____ Attached _____

Record ran by: _____ Date: _____

Patrol Commander: _____ Approved: _____ Denied: _____ Date: _____

Applicant Notified by: _____ Date: _____

Shift Supervisor: _____ Date: _____

Assigned Officer: _____ Date: _____