



# RIDE ALONG REQUEST

All riders please complete this page

Loveland Police Department  
 810 E 10<sup>th</sup> Street Suite 100, Loveland, CO 80537  
 Phone: 970-962-2267 Fax: 970-962-2916  
 Email: records@cityofloveland.org

Today's Date:		Requested Ride Along Officer: <i>(Please note: You may request a specific officer, however, the supervisor will make the assignment.)</i>				
Requested Ride Along Date <b>(Must be at least 7 days from today):</b>		Requested Ride Along Time: <input type="checkbox"/> 8am-10am <input type="checkbox"/> 2:30pm-4:30pm <input type="checkbox"/> 8pm-10pm		Number of previous ride alongs this year:		
Legal Name: Last		First		Full Middle	Date of Birth: (mmddyear)	Sex:
Address:						
Address:						
Phone Number :		Email:		Driver's License:	State:	
Please state your motivation and reason for requesting a ride along with a police officer:						
Have you ever been considered a suspect in a Loveland Police Department case, been arrested by the Loveland Police Department or have a criminal history elsewhere? Yes ( ) No ( )						
If you answered yes, please describe your involvement in those cases in the space provided below. This information will be reviewed and considered prior to approving your ride along.						
<b>FOR RECORDS USE ONLY BELOW THIS LINE</b>						
SCHEDULED BY:				ON DATE/TIME:		

**Ride along policy:**

- Riders over 16 years of age MUST bring a government issued photo ID.
- You must be 14 years or older to ride along. If you are under 18 years of age, the waiver form must be signed by a parent/legal guardian.
- You are allowed only two ride alongs per year. Ride alongs are scheduled from 8am-10am, 2:30pm-4:30pm, or 8pm-10pm. Please choose only one of these times above.

-RETURN COMPLETED COPY TO RECORDS-

**FOR LOVELAND POLICE DEPARTMENT USE ONLY**

<b>Date of check:</b>		<b>Check completed by:</b>	<b>Emailed Ride Along Group: Y/N</b>
<i>NCIC/CCIC CHECK</i>			
<b>Criminal History Found:</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Comments:</b>			
<i>LPD RMS RECORDS CHECK</i>			
<b>Date of Violation</b>	<b>Violation</b>		
<b>Other Notes:</b>			

**REMINDERS**

- All ride alongs must be approved by the shift supervisor
- After a ride along has been approved the officer is responsible for contacting the rider to confirm the date and time of the ride along.
- A waiver must be completed by ALL riders. If the rider is under 18 years of age, the waiver must be signed by a parent/legal guardian.
- Return a copy of this form and the waiver to Records upon completion.

<b>SGT or LT Approved:</b> Yes ( ) No ( )	<b>SGT or LT Signature/DSN:</b>	<b>Approval Date</b>
<b>Rider contacted by:</b>		<b>Rider Contacted Date &amp; Time:</b>
<b>Officer who rider rode with signature/DSN:</b>		
<b>Ride Along Completed:</b> Yes ( ) No ( )	<b>Reschedule:</b>	

LOVELAND POLICE DEPARTMENT - RIDE-ALONG PROGRAM  
ALL RIDERS PLEASE COMPLETE THIS PAGE

The Loveland Police Department is pleased to have you participate in our ride-along program. The program provides interested citizens an informative and enjoyable insight into the operations of the Loveland Police Department. Please note that ride-alongs may be delayed or canceled, due to officer availability/call load.

**PARTICIPANT INFORMATION (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Occupation/School: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**CONDITIONS OF THE RIDE-ALONG**

1. While participating in a ride-along, you may be exposed to Criminal Justice Information. Pursuant to state and federal regulations, this information is to be used only for the administration of criminal justice and not shared for any other purpose. Riders are prohibited from sharing criminal justice information seen or heard within the agency with any other person. Improper disclosure of information may result in criminal prosecution.
2. You will be assigned to ride with a regular patrol officer who will be assigned his/her normal duties, which may involve danger or serious risk. The officer will not avoid hazardous assignments simply because you are with him/her. While every effort will be made to ensure your safety, the officer's first responsibility will be to carry out his/her duties.
3. If an emergency should arise, you must immediately and without question comply with any orders or directions given to you by the officer. This is for your safety.
4. You must dress appropriately and maintain proper conduct at all times while participating in the program. Failure to do so will result in the denial of permission to participate.
5. You must wear a seat belt at all times during the ride-along.

**RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration for being permitted to participate in the ride-along program, (hereafter, the "program"), I hereby voluntarily state and agree that:

1. I understand that the program is or may be dangerous and does or may involve risks including, but not limited to, bodily injury, personal injury, sickness, disease, death, or property damage or loss. I further understand that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with my participation in the program, including, but not limited to, the following: use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of the peace, fire, explosives, gas, electrocution, or the escape of hazardous substances.
2. I expressly assume all such risks to me arising out of or in any way related to my participation in the program, whether or not caused by an act, omission, negligence, or other fault of the City of Loveland, its officers, employees, or agents, or by any other cause.
3. I hereby waive and exempt, release, and discharge the City of Loveland, its officers, employees, and agents from any and all claims, damages, demands, and causes of action for injuries, losses, or damages arising out of or in any way related to my participation in the program, whether or not caused by an act, omission, negligence, or other fault of the City of Loveland, its officers, employees, or agents, or by any other cause.
4. I will defend, indemnify, and hold harmless the City of Loveland, its officers, employees, and agents from and against all liability, claims, demands, and causes of action for injuries, losses, or damages arising out of or in any way related to my participation in the program, whether or not caused by an act, omission, negligence, or other fault of the City of Loveland, its officers, employees, or agents, or by any other cause.
5. This Agreement is intended to be as broad and inclusive as permitted by law, and if any portion of this Agreement is held invalid, the remainder of the Agreement shall continue in full force and effect.
6. I understand that the City of Loveland, its officers, employees, and agents are relying on, and do not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 *et seq.*, as amended, or otherwise available to the City of Loveland, its officers, employees, and agents.
7. I understand and agree that this Agreement shall be governed by the laws of the State of Colorado and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Larimer County.
8. This Agreement shall be binding on me, my successors, representatives, heirs, executors, assigns, and transferees.

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

**LOVELAND POLICE DEPARTMENT - RIDE-ALONG PROGRAM**

**PARENTAL RELEASE AND INDEMNIFICATION AGREEMENT**

PARENTS/GUARDIANS of RIDERS UNDER AGE 18 PLEASE COMPLETE THIS PAGE

In consideration for my child being permitted to participate in the ride-along program (hereafter, the "program"), I hereby voluntarily state and agree that:

1. I understand that the program is or may be dangerous and does or may involve risks including, but not limited to, bodily injury, personal injury, sickness, disease, death, or property damage or loss. I further understand that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with my child's participation in the program, including, but not limited to, the following: use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of the peace, fire, explosives, gas, electrocution, or the escape of hazardous substances.
2. I hereby waive and exempt, release, and discharge the City of Loveland, its officers, employees, and agents from any and all claims, damages, demands, and causes of action I may have for injuries, losses, or damages to me or my child arising out of or in any way related to my child's participation in the program, whether or not caused by an act, omission, negligence, or other fault of the City of Loveland, its officers, employees, or agents, or by any other cause.
3. I will defend, indemnify, and hold harmless the City of Loveland, its officers, employees, and agents from and against all liability, claims, demands, and causes of action for injuries, losses, or damages arising out of or in any way related to my child's participation in the program, whether or not caused by an act, omission, negligence, or other fault of the City of Loveland, its officers, employees, or agents, or by any other cause.
4. This Agreement is intended to be as broad and inclusive as permitted by law, and if any portion of this Agreement is held invalid, the remainder of the Agreement shall continue in full force and effect.
5. I understand that the City of Loveland, its officers, employees, and agents are relying on, and do not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 *et seq.*, as amended, or otherwise available to the City of Loveland, its officers, employees, and agents.
6. I understand and agree that this Agreement shall be governed by the laws of the State of Colorado and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Larimer County.
7. This Agreement shall be binding on me, my successors, representatives, heirs, executors, assigns, and transferees.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's name (please print)

\_\_\_\_\_  
Child's name (please print)

**** For Loveland Police Department Use Only ****	
Officer(s) Assigned:	Supervisor's Approval:
Date and time ride started:	Date and time ride ended: