



SALT RIVER POLICE DEPARTMENT

10,005 E. Osborn Rd. Scottsdale, AZ 85256

Phone #: (480) 850-8200

Our Mission: "SERVICE, RESPECT,
PROFESSIONALISM and DEDICATION"



RIDE ALONG APPLICATION AND WAIVER FORM

If participant is less than 18 years of age a parent/legal guardian must sign form prior to ride-along

I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Salt River Police Department to complete a records check prior to being approved to participate in this program.

NAME _____
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH _____ - _____ - _____

DRIVER'S LICENSE NUMBER _____ STATE _____

HOME TELEPHONE (_____) _____ - _____ WORK (_____) _____ - _____

CELL PHONE (_____) _____ - _____

ADDRESS _____ CITY _____ STATE _____

PLACE OF BIRTH _____ HIGH SCHOOL _____

LIST ANY AND ALL PRIOR ARRESTS (If not applicable, indicate "N/A")

REASON FOR RIDE-ALONG

By signing this document, I acknowledge that the opportunity to participate in the Salt River Police Department Ride-Along Program is a privilege and that the assigned officer, Chief of Police, or his designee can discontinue my participation in the ride-along program at any time.

SIGNATURE _____

DATE _____

WITNESS SIGNATURE _____

DATE _____

Appropriate attire for a ride-along with the Salt River Police Department is "business casual." Business casual is defined as "attire that is casual, yet appropriate for the workplace." Clothing items that would be deemed inappropriate for a ride-along include shorts, tank tops, halter tops, flip flops, torn clothing etc... Persons presenting themselves at the police department for a ride-along that are not appropriately attired will be told to return when they have changed to clothing that meets the business casual standard.

RELEASE and WAIVER OF LIABILITY

I, _____, have requested permission of the Salt River Police Department to participate in the Police Ride-Along Program. I understand the ride-along program involves riding in a police vehicle being operated by a police officer who is performing both routine and emergency police functions. I acknowledge that riding in a police vehicle can be a potentially dangerous activity, as it may be necessary to operate the vehicle outside of the normal rules of the road. I further acknowledge that I may be exposed to dangerous and/or hazardous situations inherent in police work where I may be at risk for serious, or even fatal, injury. I understand that police officers cannot avoid all dangers or disregard his/her duties which involve such dangers or hazards simply because I am accompanying him/her. Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in the ride-along program. I, the undersigned, in consideration of being allowed to participate in the ride-along program do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns, forever waive, release, and discharge the Salt River Pima-Maricopa Indian Community and its officers, officials, employees, agents and volunteers from and against any and all claims, damages, or liabilities arising out of or in any way connected with my participation in the ride-along program.

I have carefully read the foregoing Release and Waiver of Liability. I understand the contents thereof and I sign the same freely and voluntarily.

PARTICIPANT SIGNATURE

DATE

PARTICIPANT PRINTED NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME _____ PHONE (____) _____ - _____

SUPERVISOR APPROVAL _____

RECORDS CHECK - checked by _____

DATE/TIME ASSIGNED _____

OFFICER _____ SHIFT _____ BADGE # _____