



HENDERSON POLICE DEPARTMENT
CITIZEN RIDE-ALONG PROGRAM

HPD 0123

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I, _____, being over the age of eighteen and not a member of the Henderson Police Department of the City of Henderson have voluntarily requested to ride as a guest in a vehicle assigned to the Henderson Police Department and to accompany a member or members of the Police Department during the performance of their official duties, and

By initialing each statement, I acknowledge that if the Police Department of the City of Henderson permits me to ride as a guest in a vehicle assigned to the department and to accompany a member or members of the department during the performance of their duties, I accept and agree to be bound by the following conditions:

1. I understand that the Henderson Police Department has complete discretion in determining what individual will be permitted to participate in the ride along program. _____
2. I am aware that the work of the Henderson Police Department is inherently dangerous, and **I may be at risk of death, personal injury, or damage to my property** by accompanying a member or members of the Police Department during the performance of their official duties. _____
3. I am aware that while the participating in the ride along program I may observe or have contact with other persons, adults, or children, who have recently died, suffered a severe physical or emotional injury and/or friends or family members of the individual. _____
4. I understand that observing or having contact with persons, adults, or children, that have recently died, suffered a severe physical or emotional injury may cause me to experience an extreme emotional reaction. _____
5. I am aware the City of Henderson, its elected officials and appointed officers, employees and volunteers, and each of them, **will not be responsible or liable** for any injury, damage, loss or expense whatsoever either to me or my property, incurred while riding in or on any vehicle assigned to the Henderson Police Department or while accompanying any member or members of said department during the performance of their official duties and resulting from any act or omission, negligent or otherwise, on the part of any member of the Henderson Police Department. _____
6. **I release, waive, discharge, and agree not to sue**, the City of Henderson, its elected officials and appointed officers, employees and volunteers from all liability to me, and my personal representatives, assigns, heirs and next of kin, for any and all losses or damages, claims or demands on account of injury to the person or property of the undersigned or resulting in the death of the undersigned, whether caused by the negligence of the City of Henderson, its elected officials and appointed officers, employees and volunteers or otherwise, while the participating in the ride along program. _____
7. I agree to obey all instructions from all Henderson Police Department personnel while the participating in the ride along program. _____
8. I agree not to interfere with or get in the way of Henderson Police Department personnel, nor to do anything on my own which may increase the potential for danger to me, Henderson Police Department personnel, or to any other person, including but limited to, taking still photographs, recording of any video or audio of incidents, or posting of any kind to any social media of events witnessed during the ride along. _____
9. I understand that I am not allowed to possess any firearm or other weapon while I am participating in the ride along program. _____
10. I understand that I will not be permitted to participate in the ride along program if I have consumed any alcoholic beverage, or any other substance that may affect my ability to see, hear, understand, and/or react to the instructions of any Henderson Police Department personnel. _____

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- 11. I understand that my ride along may be terminated at any time at the discretion of the personnel of the Henderson Police Department. _____
- 12. I understand that, if possible, before police personnel respond to a potentially violent or dangerous situation that may jeopardize my safety I may be dropped off at a public place or location. _____
- 13. I freely, voluntarily and with such knowledge **assume the risk of death, personal injury, property damage or any other risk which I may encounter** connected with or resulting from the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, smoke, heat, explosion, gas, electrocution, the escape of radioactive, toxic or dangerous substances, or exposure to potentially contagious diseases, vehicular accidents, and such other hazards inherent in or resulting from the operation of an emergency medical and/or police service or any other causes whatsoever while accompanying a member or members of the Henderson Police Department during the performance of their official duties. _____
- 14. I agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted under the laws of the State of Nevada, and that if any portion of it is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. _____

APPLICANT INFORMATION
(PLEASE PRINT LEGIBLY)

Applicant's Name (Last, First, MI - Please Print)	Social Security Number	Date of Birth
Street Address	City, State, ZIP	Phone Number (w/ Area Code)

Email Address: _____

I have read and do voluntarily sign this release and waiver of liability and indemnity agreement. I also acknowledge that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Releasor/Applicant: _____ **Date:** _____

Reason For Ride Along Request: Police Applicant Citizen Academy Graduate Criminal Justice Major
 Other (Please Explain) : _____

RIDE-ALONG ASSIGNMENT REQUEST		
Day and/or Date for Ride-Along	Shift and/or Command	Officer Requested (if applicable)

FOR DEPARTMENT USE ONLY			
HPD Employee Accepting Form <small>(Printed Name, P#)</small>	Signature	Date	Copy of Driver's License Attached <input type="checkbox"/>

FOR BACKGROUNDS DEPARTMENT		
Criminal History Check Completed By (Name, P#):	<input type="checkbox"/> No Record	<input type="checkbox"/> Record (attached)
Date of Ride-Along	Shift Assignment	Officer Assignment

PLEASE FORWARD THIS FORM AND A COPY OF THE DRIVERS LICENSE TO BACKGROUNDS