Pueblo Police Department

Ride-Along Program Release and Waiver

I, _____, have applied to participate in the Pueblo Police Department's Ride-Along Program ("**Ride-Along Program**") for the purpose of observing police procedures. In consideration of the training or education I will receive by participating in the Ride-Along Program, I, acknowledge and understand that I will be engaging in activities that involve risk of serious injury or death resulting from my own actions as well as the negligence of others. I understand the inherent risks in accompanying a police officer in the normal course of their duties. I assume and accept personal responsibility for all such risk.

I agree to indemnity and hold the City of Pueblo and its officers, employees, and agents harmless from any loss, damage or injury to me while participating in the Ride-Along Program. If I am under the age of 18, my parent(s) or guardian(s) also agree to indemnify, defend and hold the City of Pueblo and its officers, employees, and agents harmless from any loss, damage or injury to the minor while participating in the Ride-Along Program. This indemnification applies to losses, damages, or injuries caused or alleged to be caused, in whole or in part, by the negligence or conduct of the City of Pueblo or its officers, employees, or agents. This release of liability applies to me, the undersigned, and to any of my personal representatives, assigns, heirs and next of kin.

I authorize the Pueblo Police Department to conduct a background check prior to my participation in the Ride-Along Program. This background check will include a criminal history check through the use of local police records, Colorado Courts records, NCIC/CCIC queries, and other law enforcement databases in order to determine the suitability and eligibility for the Ride-Along Program. I acknowledge the requirements of the Ride-Along Program and will abide by the Pueblo Police Department Ride-Along Policy 406.

Dated this _____day of _____, 202___.

_____	_____	_____	_____
Participant Signature (Ink Signature)	Participant DOB	Participant Phone #	Participant Email Address

_____	_____
Name of Parent/Legal Guardian (If participate is under the age of 18)	Signature of Parent/Legal Guardian

Purpose of Ride-Along:

_____ Community Member

_____ Current Applicant/ Hiring Interest

_____ Educational (Name of School_____)

Emergency Contact Information

Name:_____

Relationship:_____

Address:_____

Phone:_____

*Participation in the Ride-Along Program is at the discretion of the Watch Commander and may be denied or immediately revoked at any time with or without cause.