



ARDMORE POLICE DEPARTMENT

RIDER REQUEST FORM



WAIVER

This request is being made for a civilian rider to ride with _____
 on _____ during the hours of _____ AM [] PM [] to
 _____ AM [] PM [].

The civilian rider understands that the City of Ardmore and the Ardmore Police Department are released from all responsibility or injury or civil liability which might result during the time of his/her time with an officer of the Ardmore Police Department.

The civilian rider will be notified by telephone within 10 working days after the request is made.

RIDER INFORMATION

REASON FOR REQUEST:

OFFICER'S RELATIONSHIP TO RIDER:

DATE:

CIVILIAN'S PRINTED NAME:

DOB:

ADDRESS:

PHONE:

DRIVER'S LICENSE #:

SOCIAL SECURITY #:

FOR DEPARTMENT USE ONLY

OFFICER TAKING REQUEST:

DATE:

SERGEANT'S SIGNATURE:

DATE:

YES [] NO []

CAPTAIN'S SIGNATURE:

DATE:

YES [] NO []

CHIEF OF POLICE SIGNATURE:

DATE:

YES [] NO []

MISCELLANEOUS INFORMATION



ARDMORE POLICE DEPARTMENT
RELEASE OF LIABILITY AND ASSUMPTION OF RISK



Police Rider

State of Oklahoma

County of Carter

I _____, being _____ years of age, for and in consideration of the privilege of riding in an Ardmore Police Department vehicle, do hereby release and forever discharge the City of Ardmore, the Ardmore Police Department, and all employees, officials, and agents of the City of Ardmore, from any and all claims, suits, liability, demands, or causes of action on the account of personal injury or death or damage to property that may arise from or in connection with my riding in an Ardmore Police Department vehicle and otherwise accompanying an Ardmore police officer while that officer is on duty.

In executing this release, I am expressly binding myself, my heirs, executors, administrators and assigns by terms of this release for any claim or cause of action of any kind that may arise as a result of my riding in an Ardmore Police Department vehicle or otherwise accompanying an Ardmore police officer while said officer is on duty, whether caused by negligent, deliberate, indifferent or intentional act of the City of Ardmore, the Ardmore Police Department, or its employees, officials, or agents, or any other person.

Police work by its nature involves certain risks and dangers. In riding in an Ardmore Police Department vehicle and accompanying an Ardmore police officer while that officer is on duty, I may be exposed to these risks and dangers. In executing this release, I agree to assume the risks and responsibility that are involved in riding in an Ardmore Police Department vehicle and accompanying an Ardmore police officer for any bodily injury, death, or property damage that may result from the ride or accompanying an officer of the Ardmore Police Department.

I agree to the following conditions in order to ride in an Ardmore Police Department vehicle and to accompany an Ardmore police officer while such officer is on duty.

- (1) I also agree to the follow immediately the instructions given to me by the officer that I am riding with, as he or she may deem necessary for my safety, the safety of officers, or the safety of other persons.

(2) I agree that any confidential, privileged, or other non-public information that I may receive while I am accompanying and riding with an Ardmore police officer will be kept confidential by me and that I will not release such information without prior approval of the Chief of Police for the Ardmore Police Department.

By signing this release, I acknowledge that I have fully read and understand its terms. I understand that this release of liability and assumption of risk is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma. If any portion of this release of liability and assumption risk is held invalid, I agree that the balance of it shall continue in full force and effect.

Signed this _____ day of _____, 20_____

RIDER SIGNATURE

RIDER PRINTED NAME

RIDER STREET ADDRESS

RIDER CITY, STATE, ZIP

PHONE NUMBER

EMERGENCY CONTACT

In case of emergency, please contact _____ who is
(Full Name)

the _____ at _____
(Relationship) (Phone Number)

ASSIGNMENT

RIDER/REQUESTOR ASSIGNED TO:

SHIFT:

DATE:



ARDMORE POLICE DEPARTMENT RIDER EVALUATION



1. OVERALL, HOW WOULD YOU RATE THE RIDE ALONG PROGRAM?

1 [] 2 [] 3 [] 4 [] 5 []

2. WOULD YOU CONSIDER THE PROGRAM FAVORABLE TO THE COMMUNITY?

YES [] NO []

3. WAS THE OFFICER ASSIGNED TO YOU HELPFUL IN YOUR UNDERSTANDING OF POLICE WORK?

YES [] NO []

4. WOULD YOU RECOMMEND THE PROGRAM TO A FRIEND OR ASSOCIATE?

YES [] NO []

5. DO YOU CONSIDER THE ELIGIBILITY REQUIREMENTS SET FORTH BY THE POLICE DEPARTMENT FAIR?

YES [] NO []

6. DO YOU CONSIDER THE DRESS CODE REQUIREMENT TO BE APPLICABLE?

YES [] NO []

7. YOUR SUGGESTIONS OR COMMENTS ARE WELCOME.