

RENO POLICE DEPARTMENT RIDE-ALONG APPLICATION

Shift you wish to ride-along

Days (6:45 am) □

Date you wish to ride-along

First Choice ______
Second Choice _____

| \ | Second Choice | | ving (2:45 pm) □ | |
|--|--|-----------------------------|-----------------------------|--------------------|
| | | Gr | aveyard (9:45 pm) \square | |
| Name: | First | NAi | Se | x: |
| Address: | | | | 7in· |
| | | | | Σιρ |
| Home/Cell phones: | | | | |
| Emergency Contact Name: | | Phoi | ne: | |
| Date of Birth: | Age: | _Social Security Numbe | r: | |
| Law enforcement affiliation (if ar | ny): | | | |
| Reason(s) for requesting Ride-A | long: | | | |
| Have you been convicted of any | crimes? Yes □ | No □ | | |
| If yes, please explain: | | | | |
| Have you ever been arrested? Y | ′es □ No □ | Do you have an | y gang affiliation? Yes [| □ No □ |
| If yes, please explain: | | | | |
| Do you have a civil claim or laws | suit against any Rei | no Police Officers, the De | epartment, or the City o | f Reno? Yes □ No □ |
| If yes, please explain: | | | | |
| Have you ever been treated for | or been under a do | ctor's care for any menta | al illness? Yes □ No □ |] |
| I certify that all information on th | is document is true | and correct to the best of | of my knowledge and be | elief. |
| Signature | | | Date | |
| Attach a copy of your Driver's L | | | Oriver's License. | |
| Limited background check is re The Reno Police Department re Application is valid for six (6) w Please allow up to two (2) weel | eserves the right to greeks from the date of | ant or deny any application | s within its discretion. | |
| | DO NOT | WRITE BELOW THIS L | INE * * * * * | * * * * * * * |
| Reviewed by: Deputy Chief | | _ Date: | Disposition: Appr | roved: Denied: |
| Sergeant/Watch Lieutenant: _ | | | Date: | |
| Assigned to Officer Name: | | | | |
| Signature of Officer: | | | Badge # | |
| NCJIS/NCIC (Wrnt/III) T SPREADSHEET T | iburon CC Date and initials | | NNRIC | Gangs |

CITY OF RENO RENO POLICE DEPARTMENT

RIDE-ALONG PROGRAM AGREEMENT

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF THE RISK

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PLEASE READ THE ENTIRE CONTENTS OF THIS RELEASE BEFORE SIGNING, AS IT HAS A SIGNIFICANT EFFECT ON YOUR LEGAL RIGHTS. THIS RELEASE IS INTENDED TO PROTECT THE RELEASED PARTIES FROM ALL LIABILITY RELATED TO YOUR PARTICIPATION IN THE RIDE ALONG PROGRAM.

This Liability Release and Express Assumption of the Risk ("Release") is given in consideration of the City of Reno, Reno Police Department, and its respective employees, officers, owners, directors, agents and affiliates (hereafter collectively "Agency") allowing Participant to voluntarily participate in the Ride-Along Program, it is agreed on behalf of Participant and/or his or her child(ren), heirs, assigns and representatives (hereafter collectively "Participant") that:

1. Ride- Along Program Protocols: Participant acknowledges that he/she has received a copy of the Ride-Along protocols from the Agency and that Participant expressly agrees to follow said protocols. Participant acknowledges that participating in the Ride-Along Program may be inherently dangerous and includes, but is not limited to: (1) traveling to and from government facilities; and (2) traveling with and accompanying an assigned Agency employee(s) as she/he performs job duties. These job duties may include, but are not limited to, performing administrative duties, training situations and responding to emergency and non-emergency criminal and police related incidents, all of which could place Participant in potential hazardous and life threatening situations (hereafter referred to as the "Activity"). Participant expressly agrees to keep any and all information the Participant encounters regarding medical related calls for service and/or criminal investigations confidential as required by law. Participant shall be solely responsible for his/her own safety and expressly agrees to follow all legal commands and instructions given by any Agency employee relating to Participant's engaging in the Activity. Participant acknowledges that he/she is not acting as an agent or employee of the Agency while performing this Activity. Furthermore, Participant agrees that Agency is not responsible for damages to any property or injuries to Participant or any third person(s) that Participant may cause while performing the Activity.

| INITIALS | |
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2. Notification of Risks: Participant agrees and understands that participation in a Ride-Along Program is dangerous and may result in injury or death. Further, Participant recognizes that some of these risks include, but are not limited to, injuries while traveling to and from the Activity, vehicle accidents, psychological trauma, post traumatic stress syndrome, emotional disorders, death, slip and fall injuries, broken bones, injuries caused by weapons such as knives, guns or other such items, cuts, abrasions, and exposure to disease, all of which may arise from participation in the Activity. Participant recognizes that emotional and physical injuries are a common and ordinary occurrence of the Activity. Participant hereby agrees to freely and expressly assume and accept any and all risks of property damage, injury or death to Participant while engaged in the Activity. Further, Participant voluntarily elects to participate in the Activity, and understands that he/she may cease participation in the Activity at anytime.

INITIALS

| and dam not l | Assumption of the Risk and Hold Harmless: Participant assumes all risks which may be associated with or result from involvement in the Activity, and agrees to hold harmless, release, defend and indemnify Agency of from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, age or injury, including death, that may be sustained by Participant while engaged in the Activity, including, but limited to, those injuries and damages caused by the negligence and/or breach of warranty, express or implied on the of Agency. |
|---------------------|--|
| | INITIALS |
| | Unconditional Release and Covenant Not to Sue: Participant agrees to forever discharge and release Agency any legal liability and agrees not to sue Agency for any damages or legal claims of any kind, which includes sical injuries, emotional injuries, and property damages caused by or resulting from the Activity. |
| | INITIALS |
| 5. for I | Medical Authorization: Participant authorizes Agency and/or its authorized personnel to call for medical care Participant and/or to transport Participant to a medical facility or hospital if, in the opinion of such personnel, |

- 5. Medical Authorization: Participant authorizes Agency and/or its authorized personnel to call for medical care for Participant and/or to transport Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is necessary. Participant agrees that, upon such transport to any medical facility or hospital, the Agency shall not have any further responsibility. Further, Participant agrees to directly pay all costs associated with such medical care and related transportation and indemnify and hold harmless the Agency from these costs.
- **6. Forum Selection**: Participant agrees that any and all disputes between Participant and the City arising from engagement in the Activity, including any claims for personal injury or death, will be governed by the laws of the State of Nevada, and exclusive jurisdiction thereof will be in the Court of competent jurisdiction located in the County of Washoe, State of Nevada.
- 7. **Severability and Enforceability:** In the event that any section of this Release is found to be unenforceable, the remaining terms and conditions shall be fully enforceable and this Release shall be binding to the fullest extent permitted by law.

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| 8. Use of Media (Photographs/Audio-Video l | | |
|---|--|--|
| photographing of any kind during the Ride-Alunder a separate Agreement. Such use includes by recordings. Participant agrees to indemnify and hold any invasion of privacy or other third party rights ass Agency harmless from any claims and demands of a damages caused by use of said media or resulting dir the media or disclosure of photographs or video or at | ut is not limited to, photographs, and all harmless Agency from any and all daserted for unauthorized use of such med my person or persons arising out of or barectly from any act on Participant's part | io recording, or video amages associated with lia. Participant shall hold ased upon injuries or |
| | INITIALS | |
| IT IS THE INTENTION OF THIS DOCUME PARTIES FROM ALL LIABILITY OR RES INJURY, PROPERTY DAMAGE OR WROM BUT NOT LIMITED TO, THE NEGLIGENO PASSIVE OR ACTIVE. I HAVE FULLY INI LIABILITY RELEASE AND ASSUMPTION IT. | SPONSIBILITY WHATSOEVER NGFUL DEATH HOWEVER CA CE OF THE RELEASED PARTII FORMED MYSELF OF THE CO | FOR PERSONAL USED, INCLUDING ES, WHETHER ONTENTS OF THIS |
| PARTICIPANT INFORMATION IF PARTIC | CIPANT IS <u>18 YEARS OF AGE (</u> | OROLDER: |
| SIGNATURE: | DATE: | |
| PRINT NAME: | | |
| STREET ADDRESS: | | |
| CITY/STATE/ZIP: | | |
| PHONE NUMBER(S): | | |
| PARENT/GUARDIAN INFORMATION IF I | PARTICIPANT IS <u>UNDER 18 YE</u> | EARS OF AGE: |
| PARTICIPANT NAME: (Print Participant's name | e) | |
| RELATIONSHIP TO PARTICIPANT: | | |
| PARENT/GUARDIAN SIGNATURE: | DATE: | |
| PRINT NAME: (Print Parent or Guardian name) | | |
| PHONE NUMBER(S): | | |

Reno Police Department Ride-Along Guidelines Form

The work and activities of law enforcement officers is inherently dangerous. Strict adherence to the following guidelines is necessary in order to safeguard participants and to minimize the possibility of interference with normal Department activities and obligations. Ride-Along program participants will:

- 1. Read and sign the waiver form, acknowledging understanding of and agreeing to adhere to the terms and conditions of the ride-along. A copy of your PHOTO ID is also required to be submitted along with your application.
- 2. Report to the Main Station at 455 E. 2nd Street at the time listed on the Ride-Along Application.
- 3. Present a neat and clean appearance and wear appropriate apparel, which will consist of pants, shirts with a collar and sleeves. Dresses, skirts, t-shirts, tank tops, sandals, thongs, or high heels are examples of unacceptable attire. Clothing or jewelry that could be offensive to the public, the department, or the city will not be allowed. Tattoos that could be offensive will be covered during the ride-along.
- 4. Wear no headgear or clothing that could create a perception that the ride-along is a law enforcement employee. This includes police logos, patches, badges, insignia, writings, words, phrases, or pictures, Sam Browne belt, basket weave leather, flashlights, handcuffs, or any other police-related equipment.
- 5. Will not participate while carrying a firearm. This includes off-duty officers from outside jurisdictions. It does not apply to officers from other agencies working an assignment in conjunction with our department.
- 6. Not possess or use cameras, video equipment, or other recording devices during the ride-along.
- 7. Provide the assigned officer with proper identification prior to the ride-along.
- 8. Provide for own meal during the ride-along if applicable.
- 9. Follow instructions of the assigned and other officers for your safety.
- 10. Not participate in any police action or act in a police capacity.
- 11. Not converse with prisoners, suspects, witnesses, victims, media personnel, or other persons contacted during ride-along unless directed by the assigned officer.
- 12. Not interfere with assigned officer while he is conducting police activities. While you are encouraged to ask questions, please do so at the appropriate time.
- 13. Wear safety belts at all times while the police vehicle is in motion.
- 14. Stay in the police vehicle unless otherwise instructed.
- 15. Any deviation from these guidelines or the assigned or another officer's instructions may result in the immediate termination of participation in the ride-along.