



CITY OF REDDING
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 P.O. BOX 496071, REDDING, CA 96049-6071

POLICE DEPARTMENT

BILL SCHUELLER, CHIEF OF POLICE
 530.225.4200
 530.225.4553 FAX

**RELEASE OF LIABILITY AGREEMENT
 POLICE DEPARTMENT RIDE-ALONG PROGRAM**

ADULT FORM (18 years and older)
You must show proof of age.

Please Read and Sign This Page AND THE SECOND PAGE

These Statements Affect Your Legal Rights:

I have requested that I be allowed to participate in the Police Department Ride-Along Program ("Program") offered by the City of Redding. The purpose of the Program is to educate people who have an interest in learning about the day-to-day law enforcement activities in the City of Redding. Because law enforcement activities are dangerous, **I UNDERSTAND THAT I AM REQUIRED TO READ THIS PAGE AND THE NEXT PAGE AND SIGN THIS RELEASE OF LIABILITY AGREEMENT AS CONSIDERATION FOR MY PARTICIPATION IN THE PROGRAM.**

I understand that the primary duty of the City of Redding Police Department and the Police Officer(s) with whom I will be riding in the Program is to protect the citizens of the City of Redding from dangerous criminal activity and I will obey all commands of the Police Officer(s). I understand that by my participation in the Program, I will be in a police patrol car or other law enforcement vehicle that will be actively engaged in actual law enforcement activities during the shift of the Program which I have chosen. I understand that the police officer is expected to, and will be required to respond to all circumstances to which he/she is normally required to respond, notwithstanding my presence in the vehicle. I further understand that these circumstances may include, without limitation, contacts with dangerous persons who may attempt to use force, including guns, knives and explosives against the police officer, citizens and/or me. I also understand that the police officer and the police vehicle may be involved in pursuits of persons who are believed to be involved in criminal activities and that by the very nature of these pursuits, there is a risk that the vehicle in which I am riding will be involved in a collision and/or non-collision accident.

PLEASE PRINT LEGIBLY

To be completed by the participant

Date of Birth*: _____

***You must show proof of your age; Driver's license or birth certificate**

Name: _____

Address: _____

Home Phone: _____ Business/Cell Phone: _____ Driver's License #: _____

Check box if you have a valid CCW - **(No firearms will be allowed during the Ride Along.)** Dress Code

What is your purpose/interest for requesting to ride-along? _____

Please Sign Below to Indicate You Have Received and **READ BOTH** Pages:

 Date

 Signature

For Department Use Only:

Date: _____ Time: _____ to _____ Officer Assigned: _____ Approved By: _____

Please Read:

I have voluntarily enrolled in the Police Department Ride-Along Program ("Program") offered by the City of Redding. I understand that my participation in the Program and **RIDING WITH AND OBSERVING POLICE PERSONNEL INVOLVES NUMEROUS RISKS OF DEATH OR PHYSICAL OR EMOTIONAL INJURY**, including without limitation, exposure to dangerous situations, hazardous materials, foul language, trauma or stressful situations including criminal and/or accident scenes, hostile persons, guns, knives, and explosives, and **I, ON BEHALF OF MYSELF AND MY HEIRS, REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, FREELY ASSUME THOSE AND ANY AND ALL RISKS OF MY/OUR CHILD'S VOLUNTARY PARTICIPATION IN THE PROGRAM.**

I understand that I may be transported to and from various accident, criminal, alarm or other law enforcement situations occurring at different locations, some of which may be outside of Redding, and that I may be transported by employees of the City of Redding in police and law enforcement vehicles and that **TRANSPORTATION IN POLICE AND LAW ENFORCEMENT VEHICLES INVOLVES NUMEROUS RISKS OF INJURY OR DEATH**, including without limitation, high-speed pursuits, collisions and non-collision accidents, and **I, ON BEHALF OF MYSELF AND MY HEIRS, REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, FREELY ASSUME THOSE AND ANY AND ALL RISKS OF MY TRANSPORTATION AS PART OF THE PROGRAM.**

As a participant in the Program, I consent to a background check of my criminal history as I may have access to confidential criminal records, Department of Motor Vehicle ("DMV") records, and local crime and suspect information while participating in the Program. I understand that this confidential information is protected by statute and misuse of such information may adversely affect an individual's civil rights and violates the law, **AND I SHALL KEEP ALL SUCH INFORMATION CONFIDENTIAL.** I further understand that Penal Code section 502 prescribes the penalties relating to computer crimes and Penal Code sections 11140-11144 and 13301-13305 prescribe the penalties for misuse of criminal history information; Government Code section 6200 prescribes felony penalties for misuse of public records and California Law Enforcement Telecommunications Systems ("CLETS") information; and Vehicle Code section 1808.45 prescribes the penalties relating to misuse of DMV information. **VIOLATION OF THESE LAWS MAY RESULT IN PROSECUTION IN A CRIMINAL OR CIVIL ACTION.**

As lawful consideration for my being permitted to participate in the Program, **I HEREBY AGREE, ON BEHALF OF MYSELF AND MY HEIRS, REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE THE CITY OF REDDING**, its elected officials, officers, employees, agents and volunteers for any and all injuries, claims or liability by or resulting from or in any way connected with my voluntary participation in the Program or the riding with or observing police personnel or the transportation to and from various criminal, accident, alarm or other law enforcement situations whether or not such injury or death was caused by alleged negligence or otherwise.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF REDDING, its elected officials, officers, employees, agents and volunteers for any claim, judgment or expense the City of Redding or such persons may incur arising out of, or in any way connected with, my participation in the Program and whether caused by the negligence of the City of Redding, its elected officials, officers, employees, agents or volunteers or otherwise. If any portion of this agreement is held invalid, I agree that the balance hereof shall continue in full legal force and effect.

I HAVE READ AND UNDERSTOOD BOTH PAGES OF THIS DOCUMENT and my request to participate in the Program and the transportation to and from various criminal, accident, alarm or other law enforcement situations is completely voluntary. **I UNDERSTAND THIS DOCUMENT IS A CONTRACT AND IS A RELEASE OF ALL CLAIMS. I FURTHER UNDERSTAND THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I, ON BEHALF OF MYSELF AND MY HEIRS, REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, ARE RELEASING LEGAL RIGHTS BY SIGNING IT.**

Signature

Date