



CITY OF REDDING  
777 CYPRESS AVENUE, REDDING, CA 96001  
P.O. BOX 496071, REDDING, CA 96049-6071

**POLICE DEPARTMENT**

**BILL SCHUELLER, CHIEF OF POLICE**  
530.225.4200  
530.225.4553 FAX

**CITY OF REDDING RELEASE OF LIABILITY AGREEMENT**

**POLICE DEPARTMENT RIDE-ALONG PROGRAM**

**MINOR FORM (under 18 years of age,  
must be at least 16 years of age)**

Please Read and Sign This Page AND THE NEXT PAGE

These Statements Affect Your Legal Rights:

I/We have requested that our child 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/WE UNDERSTAND THAT I/WE ARE REQUIRED TO READ THIS PAGE AND THE NEXT PAGE AND SIGN THIS RELEASE OF LIABILITY AGREEMENT AS CONSIDERATION FOR MY/OUR CHILD'S PARTICIPATION IN THE PROGRAM.**

I/We understand that the primary duty of the City of Redding Police Department and the Police Officer(s) with whom my/our child will be riding in the Program is to protect the citizens of the City of Redding from dangerous criminal activity and I/We have instructed my/our child to obey all commands of the Police Officer(s). I/We understand that by my/our child's participation in the Program, my/our child 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/We have chosen for my/our child. I/We 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/our child's presence in the vehicle. I/We 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 my/our child. I/We 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 my/our child is riding will be involved in a collision and/or non-collision accident.

To be completed by the parent(s)/legal guardian(s) – please print.

Minor's Date of Birth: \_\_\_\_\_

Minor: \_\_\_\_\_

First Name

Middle Name

Last Name

Minor's ID/Driver's Lic. #: \_\_\_\_\_ Parent/Guardian's Driver's Lic. #: \_\_\_\_\_

Dress Code

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

First Name

Middle Name

Last Name

Address: \_\_\_\_\_

Number

Street

City

State/ZIP 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: \_\_\_\_\_

I/We have voluntarily enrolled my/our child in the Police Department Ride-Along Program ("Program") offered by the City of Redding. I/We understand that my/our child's 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/WE, ON BEHALF OF MYSELF/OURSELVES AND MY/OUR CHILD, FREELY ASSUME THOSE AND ANY AND ALL RISKS OF MY/OUR CHILD'S VOLUNTARY PARTICIPATION IN THE PROGRAM.**

I/We understand that my/our child 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 my/our child 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/WE, ON BEHALF OF MYSELF/OURSELVES AND MY/OUR CHILD FREELY ASSUME THOSE AND ANY AND ALL RISKS OF MY/OUR CHILD'S TRANSPORTATION AS PART OF THE PROGRAM.**

As a participant in the Program my/our child may be subject to a background check of their criminal history as they 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/We 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/we have discussed with my/our child the need for confidentiality. I/We 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 BY MY/OUR CHILD MAY RESULT IN PROSECUTION IN A CRIMINAL OR CIVIL ACTION.**

As lawful consideration for my/our child's being permitted to participate in the Program, **I/WE HEREBY AGREE, ON BEHALF OF MYSELF/OURSELVES AND MY/OUR CHILD, 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/our child's 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/WE 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/our child's 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/We agree that the balance hereof shall continue in full legal force and effect.

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

---

Date and Signature of Parent/Legal Guardian

---

Date and Signature of Parent/Legal Guardian