



PLATTE CITY, MISSOURI POLICE DEPARTMENT

RIDE-ALONG Regulations, Application, and Waiver Form

1. Ride-along must be 18 years of age or older.
2. The ride-along is an **observer only**, and should not become involved in or interfere with any situation, either physically or verbally.
3. Ride-along should be dressed in either business or neat, clean, casual attire. Jeans, shorts, spandex, leggings, T-shirts, sweats and flip-flops are not acceptable.
4. Cameras and tape recorders are not permitted.
5. Ride-along will be allowed to observe as much of any situation as is possible, consistent with their safety, however, they may not leave the police vehicle unless given permission to do so by the officer. In compliance with a Supreme Court Ruling, ride-along is prohibited from entering any private residence for any reason.
6. Ride-along must pay for their own food and beverages. If at all possible, they will be given an opportunity to eat a meal; however, this will depend on the level of calls for service.
7. The officer may terminate the ride if the participant fails to follow the regulations or is acting in a manner inconsistent with the best interests of the Platte City Police Department.
8. The participant may request that a ride be terminated at any time. The participant will be returned to the station as soon as the officer determines it is practical.

Waiver and Release of Claim

As a condition precedent to being permitted to ride as a Ride-Along Observer in a vehicle or vehicles operated by any officer or person employed by the Platte City, Missouri Police Department, I the undersigned, waive any right of claim I may have against the City of Platte City, Missouri, the Platte City Police Department, and any and all officers and its employees for the loss of life, bodily injury or property damage that I may sustain as a result of riding as such a Ride-Along Observer. I further agree that this waiver of liability by me is binding on my legal representatives, heirs, and successors, and shall have the same legal effect as I have agreed to herein.

Signature of Observer: _____ Date: _____ / _____ / _____
(month) (day) (year)

Print Name: _____

Signature of Parent or Guardian for approval: _____

Print Name: _____ Date: _____ / _____ / _____
(month) (day) (year)



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RIDE-ALONG

Name:

_____ (Last) _____ (First) _____ (MI)

Birth Date: _____ Age: _____ Race: _____ Sex: _____

Home Address: _____

City, State, Zip: _____

Home Phone: () _____ - _____

Business Phone: () _____ - _____

Emergency Notification: _____

Home Phone: () _____ - _____

Other Phone: () _____ - _____

Requested Date of Ride-along: _____

Requested Time of Ride-along: _____

Officer Requested to Ride-along: _____

Background Check

Computer Check _____ No Record _____ Record Attached _____

Officer signature: _____

Badge # _____ Date: _____

Approved

Disapproved

Chief of Police Signature: _____

Date of Action: _____

Scheduled date of Ride-along: ____ / ____ / ____ Time: _____

Assigned Officer: _____ Radio # _____

Assigned Officer Signature: _____

Date Completed: _____

Comments / Issues:
