

LEE'S SUMMIT POLICE DEPARTMENT RIDE ALONG REQUEST FORM

10 NE Tudor Road Lee's Summit, Missouri 64086
816-969-7388
FAX 816-969-7746

WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Lee's Summit Department of Police by riding in a vehicle operated by members of said Department of Police and by any and all other means of observation whatsoever, and a waiver by the City of Lee's Summit of the standing order of the Department of Police prohibiting such activity, the undersigned, in order to avail himself/herself of said, releases the City of Lee's Summit, Missouri, its officials, officers, and all other employees or personnel of the City of Lee's Summit from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents, and assign may sustain in and about any police vehicle or in any other way, place, or location during the course of the observation and studies by the undersigned of the operations and functions of the Lee's Summit Department of Police.

- ◆ Age Requirements: **Applicant must be a minimum of 16 years of age.**
- ◆ If the undersigned applicant is under the age of 18 years, then the undersigned parent and natural guardian in addition to the release heretofore recited does further agree to indemnify and hold harmless the city of Lee's Summit, Missouri, its officers and employees from any and all claims by or on behalf of the undersigned minor including claims for damages, expenses, cost, or loss of services and any and all other claims for damage to person or property.

Notice: The passenger side airbags of all marked police vehicles have been disengaged. All Waivers of Liability requirements are still in effect. USE OF PASSENGER SEAT BELTS IS MANDATORY.

- ◆ Dress requirements: Participants must wear business-like or causal attire. No shorts, t-shirts, sweatsuits, etc. are acceptable.
- ◆ Ride Along Tour: 2 Hour Maximum, once every 3 months.

The undersigned applicant further agrees to abide by regulations of the Department of Police, and instructions of its officers, and employees and does further agree to remain in the patrol car at all times unless otherwise instructed by Department personnel.

- ◆ Must be submitted 10 (ten) working days prior to day requested to ride.

Full Name: <i>(Print)</i>	DOB:	SSN:
Address:		City:
State:	Zip Code:	Phone #:
Reason you wish to ride with an officer:		
Date & Time You Wish To Ride Along: (2 HOUR MAXIMUM)		
Preferred Officer:		

IN WITNESS WHEREOF, and intending to be legally bound thereby the undersigned affixes his/her hand at the Lee's Summit Missouri Police Department this:

_____ Day of _____, 20_____

Signature of Applicant
(Must be signed in the presence of a Dept. employee)

Signature of Parent or Legal Guardian
(Must be signed in the presence of a Dept. employee)

Address if different from applicant
Phone Number: _____

Signature/Serial # of Dept. Employee
IN CASE OF AN EMERGENCY CONTACT:

Name	Address	Phone #
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ADMINISTRATIVE USE ONLY

CRIMINAL RECORD CHECK DATE:	BY CMS:
APPROVED DATE:	BY:
DISAPPROVED DATE:	BY:
Date of Ride Along:	Officer: