



WINTER SPRINGS POLICE DEPARTMENT

Rider Release Form

In consideration of the privilege being granted me by the City of Winter Springs to be a passenger in a police car and to participate in a Ride-Along Program, which entitles me to be present in Winter Springs Police Department vehicles during the actual working hours of Police Department personnel while responding to emergency scenes and calls for service, being present in the Police Station, and observing the activities of the Police Department, I _____ hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am approaching, entering, boarding, riding, being on, disembarking from, or leaving, or, being about any vehicle or property of the City of Winter Springs. While I am using, intending to use, or have used this privilege, I release the City of Winter Springs and its agents, including the Chief of Police, Kevin P. Brunelle, or his officers, employees, agents and servants from any and all liability, claims, demands, actions, and causes of action whatsoever, including negligence, arising from such use of the privilege. This release and waiver includes, but is not limited to, waiver of all claims, suits, and causes of action based upon negligence or tortious acts or conduct of the City of Winter Springs, its agents, officers, and employees. I further agree to indemnify and save harmless said City of Winter Springs, Chief of Police, Kevin P. Brunelle, or his officers, employees, agents and servants from any liability and expense, including reasonable attorney's fees, in connection with any and all claims, demands, damages, actions, causes of action, and suits in equity of whatever kind or nature, including claims for personal injury, property damage, equitable relief, or loss of use, arising directly or indirectly out of or in connection with the use of the privilege. This privilege can be denied or terminated for any or no cause by the assigned officer, Supervisor, or Chief of Police at any time in the sole discretion of a Winter Springs Police official.

It is understood and agreed by me that the privilege granted me to ride in a Winter Springs Police Patrol vehicle shall only be exercised by me after I make specific arrangements with the Chief of Police or his authorized representative on days I plan to ride as an observer.

I hereby declare that I will not possess, take or carry any firearms/weapons while participating in the ride along program regardless of any permits or licenses authorized.

It is further understood and agreed by me that the City of Winter Springs shall screen all applicants for the Ride Along Program with a warrant and records check conducted through the NCIC/FCIC. All applicants shall further be required to complete Level 1 CJIS Security Awareness Training.

PROVIDE FULL AND COMPLETE INFORMATION:

APPLICATION DATE _____

*FIRST, MIDDLE, AND LAST NAME _____

*RESIDENTIAL ADDRESS (No P.O. Boxes) _____

*CITY/STATE/ZIP _____

*PHONE NUMBER _____

*EMAIL _____

*DRIVER'S LICENSE _____

*DATE OF BIRTH ____/____/____

DATE REQUESTING TO RIDE ____/____/____

REQUESTED TIME TO RIDE _____

APPLICANT'S SIGNATURE

L.E.O. OR WITNESS

SUPERVISOR APPROVAL/DISAPPROVAL _____

COPY OF DRIVER'S LICENSE PROVIDED YES NO

CJIS ONLINE LEVEL ONE TRAINING COMPLETED AND VERIFIED YES NO

HISTORY/WARRANT CHECK YES NO TELETYPE OPERATOR _____

CRIMINAL HISTORY YES NO
(IF YES, ATTACH A COPY OF QUERY TO BACK OF THIS FORM)

DATE AND TIME COMPLETED RIDE ALONG _____