



# Cloverdale Police Department

Stephen Wayne Cramer, Chief of Police

112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

## RIDE-ALONG PROGRAM

Applicant, please complete the top portion of this form and return to the police department for processing.  
All information given is used in determining an applicant's eligibility to participate in  
Cloverdale Police Department's Ride-Along Program.

| Applicant Information  |   |  |   |
|--|---|--|---|
| Date Submitted: _____  |   | Time Submitted: _____  |   |
| Full Name: _____   |   |  |   |
| Street Address: _____  |   |  |   |
| City, State, Zip: _____  |   |  |   |
| Home Phone: _____  |   | Cell Phone: _____  |   |
| Driver's License Number: _____   |   | Date of Birth: _____   |   |
| Have you ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, enter details on the next line)                       |   |  |   |
| Enter date arrested _____  |   | Why were you arrested?: _____  |   |
| Are you involved in any court action at this time? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, enter details on the next line) |   |  |   |
| What court?: _____   |   | Describe the court action: _____   |   |
| Desired dates(s) and time(s) to ride below:  |   |  |   |
| 1. Date/Time: _____  |   | 2. Date/Time: _____  |   |
| <b>Please allow one week for processing.</b><br><b>You will be notified by phone of the approval and scheduled date and time of ride-along.</b>      |   |  |   |
| For Dispatch Use Only  |   |  |   |
| 10-27 Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 10-29 Clear<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Criminal History Clear<br><input type="checkbox"/> Yes <input type="checkbox"/> No | RIMS History Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date and Received by<br>Dispatcher/Initials: _____   |   | Date and Processed by<br>Dispatcher/Initials: _____                                |   |
| For Patrol Division Use Only   |   |  |   |
| Date Approved: _____   |   | Approved By: _____   |   |
| Ride with<br>Officer: _____  | Date Officer<br>Notified: _____   | Date Applicant<br>Notified: _____  |   |



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## RIDE-ALONG PROGRAM

### GENERAL AGREEMENT, WAIVER, AND RELEASE

**In consideration** for being permitted by the City of Cloverdale to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the City of Cloverdale, its officers, employees, and agents from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or its officers, employees or agents.

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that the participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risk involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city, its officers, employees and agents who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above city, its officers, employees and agents free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN MYSELF AND THE CITY OF CLOVERDALE, AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## IF RIDER IS A MINOR, AN ADULT MUST READ AND COMPLETE THE FOLLOWING SECTION

### WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

**In consideration of the minor child** named below being permitted by the City of Cloverdale to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the City of Cloverdale, its officers, employees, and agents from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or its officers, employees or agents.

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that the participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risk involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city, its officers, employees and agents who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I agree, in the event said minor requires medical or surgical treatment while under the supervision of said city's personnel, in connection with the above-described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. IT IS UNDERSTOOD THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE UNDERSIGNED AND THE CITY OF CLOVERDALE, AND THAT THE SIGNATURE HEREIN HAS BEEN GIVEN VOLUNTARILY.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
AGE OF MINOR

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT'S  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE