

ACPD Ride-Along Request Form

Name		DOB	
Address		SSN	
City		DL State/No.	
Phone			

List all other States you have lived in besides Kansas:

List all other names you have used:

I request a ride-along for the following reasons:

I, _____, acknowledge the Arkansas City Police Department will conduct the required verification and authentication of my criminal history information as set forth by the Code of Federal Regulations.

Signature

Date

Signature of Guardian (if applicant is a juvenile)

Date

FOR ACPD USE ONLY

Check, Date & Initial when Completed

Checker	CHR	Date	By
	Local Record Check		
	Warrant Check		

Request is Approved: _____ Date: _____

Request is Denied: _____ Date: _____

Awareness Statement Date Signed: _____

RELEASE AND WAIVER

Know by all these present, that I _____, on my own behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the department during the course of their or his duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the city, the department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the department, whether in a vehicle, in the station, or otherwise in association with the department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this RELEASE AND WAIVER shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the department.

I hereby declare that the terms of this RELEASE AND WAIVER have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

This waiver must be approved by the Police Chief.

Signature

Date

Signature of Guardian (if applicant is a juvenile)

Date

Signature Police Chief

Date