



**FOX VALLEY METRO POLICE DEPARTMENT
RIDE ALONG REQUEST FORM**

Full Name: _____ DOB: _____
(First/MI/Last)

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Occupation/Profession: _____

Reason for Riding-Along: _____

Date Requested to Ride: _____ Participating Officer: _____

Have you been on a Ride-Along with our department within the past 60-days? _____

If yes, Date: _____ Shift: _____ Officer: _____

Riders Comments: _____

X _____
Rider Signature

Date

X _____
Operations Coordinator or Supervisor Approval

Date

PLEASE RETURN THE COMPLETED FORM TO LIEUTENANTS@FVMPD.ORG YOUR RIDE-ALONG REQUEST WILL NOT BE PROCESSED UNTIL THEN



FOX VALLEY METRO POLICE DEPARTMENT RIDE-ALONG RULES OF CONDUCT

Dear Ride-Along Participant:

Prior to your scheduled ride-along, it is required that you review and become familiar with the following guidelines.

RULES OF CONDUCT

1. Participants are requested to arrive for the ride-along 10 minutes prior to the start of the scheduled time period.
2. Clothing to be worn by the participant shall be of a professional in appearance. T-shirts and clothing in need of repair are prohibited.
3. Ride-Along participants shall not become involved, or participate, in any police investigation. The purpose of the ride-along is to allow the participant to observe.
4. Participants shall remain in the police vehicle at all times unless directed otherwise by a police officer.
5. Participants are encouraged to ask questions as often as possible. The purpose of the program is for the participants to learn as much as possible about police procedures and the Fox Valley Metro Police Department.
6. Participants shall never argue with an officer.

Hopefully you will find your ride-along experience both educational and rewarding.

My signature confirms I have read and understand the rules of conduct.

Signature: _____
(Ride-along participant)

Date: _____

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FOX VALLEY METRO POLICE DEPARTMENT RIDE-ALONG WAIVER

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE AND WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

I, _____ (please print your name), not being a member of the Fox Valley Metro Police Department (Department) and having made a voluntary request to ride as a guest in a vehicle assigned to the Department to accompany a member or members of said Department during the performance of their duties, do hereby agree to the following.

The "duties" of the Department and any member or members of the Department are defined as all activities, incidents, encounters, or confrontations which may occur while I am accompanying a member or members of the Department.

The Department is willing to allow me to ride as a guest in a vehicle assigned to the Department and to accompany a member or members of the Department during the performance of their duties on the following conditions:

1. That I am aware that the work and duties of the Department are inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Department during the performance of their duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage from or in any way connected to my accompanying member or members of the Department during the performance of their duties, including, but not limited to any claims, damages or injuries arising from or in connection with riding, transporting, or traveling in any vehicle assigned to the Department, the use of weapons by a member or members of the Department or any person or persons, unlawful acts or forcible resistance by any person or persons.
2. The Fox Valley Metro Police Department, their administrators, employees, agents, or assigns, shall not be responsible or liable for any injury or damages, loss or expense to either me or my property incurred while riding in any vehicle assigned to the Department or while accompanying any member or members of the Department during the performance of their duties resulting from any negligence or omission on the part of any member of the Department or any other person or persons.
3. I agree to indemnify and hold harmless the Fox Valley Metro Police Department, their administrators, employees, agents, or assigns, against any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever on a count of any and all injuries and damages, known and unknown, both to person and property, which may result or may in the future develop from my accompanying a member or members of the Department during the performance of their duties.

4. I agree to indemnify the Fox Valley Metro Police Department, their administrators, employees, agents, or assigns, against any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever on a count of any kind and all injuries and damages, known and unknown, both to person and property, which may result or may in the future develop as a result of any acts or omissions to act which I may commit while accompanying any member or members of the Department.
5. The Department may terminate this agreement at any time without notice or warning for valid reasons, which will be at the sole discretion of the accompanying Department officer or his or her supervisor.
6. That I will obey all instructions and directions from any Department officer. I understand that any failure on my behalf to follow the instructions or directions will be grounds for immediate termination of this agreement.

NOW, THEREFORE, in consideration of the permission given to me to ride in a vehicle assigned to the Department and to accompany a member or members of said Department during the performance of their duties, I do hereby agree to all of the above conditions and hereby release and forever discharge the Fox Valley Metro Police Department, its administrators, agents, employees, and assigns from any and all claims, damages, demands, actions, causes of actions, or suits of any kind or nature whatsoever on account of any and all injuries and damages, known and unknown, both to person and property which may result now or in the future may develop as a result of accompanying a member or members of the Department during the performance of their duties.

CAUTION!! READ BEFORE SIGNING!

Signature of Ride-Along

Date and Time

Signature of Parent or Legal Guardian

Date and Time

Signature of Witness

Date and Time

Operations Coordinator or Supervisor's Approval

Date and Time

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