



NEWPORT POLICE DEPARTMENT ASSUMPTION OF RISK LIABILITY WAIVER AND CLAIMS RELEASE

- I. I understand that police work, and in particular, accompanying a police officer on official duties, may expose me to danger and to the risk of bodily injury or loss of life. While I am with such officer, I may be subject to inherently dangerous activities, including but not limited to high speed vehicular pursuit, apprehension of person believed to have engaged in criminal activity, rescue operations, use of weapons, chemicals (such as O.C. spray), incendiary devices and other dangerous instrumentalities. I understand that the officer will be fully involved in his/her normal duties and I will be subjected to all of the risks normally associated with police work, including the possibility of vehicular collisions, gun fire, assault and other mishap, which could result in property damage, injury or loss of life.
- II. When the Newport Police Department permits me to accompany such police officer. I assume all of the risks associated with the activities mentioned above, including but not limited to the risk that I may suffer property damage, personal injury and or death.
- III. I agree that the City of Newport, it's officers, employees and representatives, including but not limited to members of the Newport Police Department, shall not be responsible or liable for any loss, damage, liability or expense caused by, or arising out of the above described activity. I waive any claims that I may have against the City and such persons, whether arising in whole or in part on account of the negligence of the City and such persons.
- IV. While I am engaged in such activity, I agree to follow any lawful directives of the police officers with whom I may come in contact. I understand that my role is an observer, and I agree that I will not attempt to participate or otherwise become involved in the activities being carried out by such officer.
- V. I agree that I will save, hold, defend and indemnify the City of Newport, its officers, employees and representatives, harmless on account of any loss, damage, liability, claim, demand or expense arising on account of act or omission of such person, or arising as a result of any loss or injury suffered by such person.
- VI. I will not carry any weapon on or about my person unless I am a duly sworn and appointed police officer in good standing within the State of Oregon. As a sworn police officer I will notify the officer with whom I am riding of said status and advise them of any weapon that I am carrying on or about my person.
- VII. I understand that a background check will be conducted prior to the ride along. This may include, but is not limited to, a Criminal History check and DMV records check. I authorize representatives of City of Newport to complete a background check in order to determine my eligibility.

STOP! READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BY SIGNING YOU ARE CERTIFYING THE ACCURACY OF THE STATEMENTS CONTAINED AND AGREEING TO ASSUME RISK, WAIVE CLAIMS AND UNDERTAKE CERTAIN OBLIGATIONS. I certify that I have read and agree to all of the above.

Signed: _____

Date signed: _____

Printed Name: _____

(If the above named person is a minor) I _____ represent that I am the parent or lawful guardian of the above named person, and I have the lawful authority to execute this agreement for and on behalf of the above named person. I have read and understand the foregoing, and I certify that its contents are true. I agree to each and every provision of the foregoing and give my consent for said minor person to engage in the above described activity. I agree that I will save, hold, defend and indemnify the City of Newport, its officers, employees and representatives, harmless on account of any loss, damage, liability, claim, demand or expense arising on account of my own acts or omissions of such person, or arising as a result of any loss or injury suffered by such person.

Signed: _____
Parent/Guardian Signature

Date signed: _____



NEWPORT POLICE DEPARTMENT RIDE ALONG APPLICATION

I, (print name), hereby make a voluntary request to ride as a guest in a vehicle operated by the Newport Police Department, and to accompany a police officer employed by the City of Newport during the performance of official duties.

I represent to the City of Newport Police Department that:

- I am age 15 or older.
- I am not suffering from any illness or physical impairment, except the following:

- I have/have not (*circle one*) been on a previous ride along with the Newport Police.
- I am not currently under the influence of alcohol, narcotics or any illicit drug, and will not be at the time of the ride along.
- I will be suitably dressed in collared shirt, blouse, or jacket, slacks, and shoes. I will not wear sandals, t-shirt, tank top, shorts, or ripped or torn blue jeans, nor will I wear a hat or ball cap in the police vehicle. My host officer may refuse a ride-along if I am not properly dressed, per NPD policy.

Date of Birth: _____ Social Security #: _____ ID/ODL # _____

Current Address: _____

City, State _____

Telephone: _____ Email: _____

Reason for Ride Along Request:

- To observe how the department operates
- To learn about the activities and parameters of the Law Enforcement profession
- To gain a better understanding of the interaction of the department with the community
- To gain a better understanding of the judicial system and how Law Enforcement works within the system
- Assist with school or college projects
- Other (Describe) _____

Date that I wish to ride: _____ I wish to ride with: _____
Date/Time Officer

<p>Approved: <input type="checkbox"/>Yes <input type="checkbox"/>No by: _____ Approval Date: _____</p> <p>If denied state reason _____</p> <p>Scheduled by Sgt.: _____ Date: _____</p> <p>Assigned to: _____ by Sgt.: _____ Date: _____</p> <p>Actual Date of Ride Along: _____ Hours of Ride Along: _____ to _____</p> <p style="text-align: center;">When completed, please return this form to the Chief's Assistant. Thank you.</p>
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