



# SOLDOTNA POLICE DEPARTMENT

44510 Sterling Highway

Soldotna AK, 99669

Tel: (907) 262-4455 Fax: (907) 262-4421



## Ride Along Request Form and Liability Waiver

I, \_\_\_\_\_, would like to ride with the Soldotna Police Department for the following reason(s):

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This request is voluntary. I understand the risks and potential hazards present with such activity or activities involved with the Soldotna Police Department and have had the opportunity to ask any questions I may have about the ride-along program.

### WAIVER AND RELEASE OF LIABILITY

I acknowledge that riding in a police vehicle can be a potentially dangerous activity, as it may be necessary to operate the vehicle outside of the normal rules of the road. I further acknowledge that I may be exposed to dangerous and/or hazardous situations inherent in police work where **I may be at risk for serious, or even fatal, injury.** I understand that police officers may contact dangerous individuals whose actions are not predictable and may threaten my safety. **I understand that police officers cannot avoid all dangers or disregard their duties which involve such dangers or hazards simply because I am accompanying him/her.**

I understand and acknowledge that it may not be possible to terminate the ride-along immediately or upon my request.

I, the undersigned, in consideration of being allowed to participate in the ride-along program do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns, forever waive, release, and discharge the City of Soldotna and its officers, officials, employees, agents and volunteers (released parties) from and against any and all claims, damages, or liabilities arising out of or in any way connected with my participation in the ride-along program. I do hereby agree to indemnify, defend, save, and hold the City of Soldotna and released parties harmless from any claims, lawsuits or liability, including attorney's fees and costs, allegedly arising out of loss, damage, or injury to myself, other persons or property occurring during the course of as a result of my activities or association with the police department, whether in a police vehicle, in the police station, or otherwise associated with the Soldotna Police Department in any manner whatsoever.

It is expressly agreed and understood that this WAIVER and RELEASE 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, administrations, estate agents, and assigns and representative or any nature whatsoever might otherwise assert against any aforesaid parties as a result of my association and activities with the Soldotna Police Department during the ride a long period of: \_\_\_\_\_ (date).

In further consideration of the authorization granted to me to accompany an officer or officers of the Soldotna Police Department, I agree to FULLY COMPLY with all instructions given to me for the purpose of protecting my personal safety and property. I agree to wear appropriate, professional attire (no sweats, hats, sandals, etc), which is appropriate for weather conditions. I agree to bring a cell phone in case of emergency. I agree not to bring a firearm or other weapon.

I have read and signed the release form and I understand the provisions.

\_\_\_\_\_  
**(Full Name Printed)**

\_\_\_\_\_  
**(Date of Birth)**

\_\_\_\_\_  
**(Driver's License # and State)**

\_\_\_\_\_  
**(Mailing Address)**

\_\_\_\_\_  
**(Signature/ Date)**

\_\_\_\_\_  
**(Phone number)**

\_\_\_\_\_  
**(Printed and Signed Name of Guardian, if rider is juvenile) (Guardian Phone Number)**

\_\_\_\_\_  
**Supervisor Rank/ Name**

**Request Approved** ( ) Yes ( ) No

\_\_\_\_\_  
**Assigned Officer and Hours**

Observer is authorized to ride \_\_\_\_\_ hours on \_\_\_\_\_.  
In Soldotna with Officer \_\_\_\_\_.