



RULES AND GUIDELINES FOR THE POLICE RIDE-ALONG PROGRAM

1. Everyone who participates in the Police Ride-Along Program must complete and sign the attached application form.
2. Persons under the age of 16 may be allowed to participate by special permission, when accompanied by a parent, legal guardian, or a responsible adult. Participants under the age of 18 must have the release and waiver signed by a parent or legal guardian **and it must be signed in front of a Police Department employee.**
3. Approval and scheduling will be made through the scheduling sergeant. The applicant will be notified via mail or telephone of final approval and the date and time of ride-along unless other arrangements have been made. Participants are scheduled to ride-along Sunday through Thursday. Exceptions can be made with approval of the scheduling sergeant.
4. Applicants must present their personal identification to the assigned police officer on the day they are scheduled to ride.
5. Participant's attire should reflect good taste and a professional appearance.
6. No applicant will be permitted to ride with an officer to whom he or she is married, related, or involved in a relationship.
7. No one will be permitted to ride more than once per year without special permission. Approval can be obtained from the Chief of Police.
8. Because of the potential for police activity to escalate to a dangerous level, all participants will adhere to the directions and instructions of the officer. Participants will not be taken to the scene of potentially dangerous situations. Under some circumstances, it may be prudent for the officer to drop off a ride-along at a safe location until completion of the call.
9. All riders must agree to not publicly discuss the names of persons involved in police matters. It is essential that statements or evidence on the ride-along be held confidential. No video, photographic, or recording devices are allowed without permission. Note taking is permitted.
10. Civilian riders are observers only, and will not, under any circumstances, participate in any law enforcement process. Riders may ask the host officer questions about police process after the situation is over, and they have left the scene.
11. Riders are not permitted to ride if they appear to be under the influence of drugs or alcohol.

**Wapato Police Department
205 S. Simcoe Ave, Wapato, WA. 98951
(509) 877-4275**

12. Participants should be in good general health with no need for physical assistance.
13. All riders are subject to criminal records check and must meet the following criteria unless waived by the Chief of Police or his/her designee.
 - a. The applicant has no felony convictions during the past five years;
 - b. The applicant has no misdemeanor convictions during the last 18 months;
 - c. The applicant is not a suspect in an ongoing criminal investigation.
14. Civilian riders will not, under any circumstances, possess weapons of any type while participating in the Ride-Along Program, including but not limited to, guns, knives, chemical agents or batons.
15. If a rider fails to adhere to the conditions of the Ride-Along Program, or if the host officer thinks that the rider's presence of actions are impeding the performance of the assigned duties, the host officer has the duty and authority to terminate the ride-along, and return the guest rider to the Police Department.

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**CITY OF WAPATO POLICE DEPARTMENT RIDE-ALONG PROGRAM VOLUNTARY
ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT**

I, _____, **HEREBY ACKNOWLEDGE** that I have voluntarily applied to participate in the Wapato Police Department Ride-Along Program. I have read, understood, and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program.

Initial: _____

I am aware that the police work is inherently dangerous due to many factors, including the possibility of high speed chases, armed suspects, and potential emotional trauma. **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR, AND RISK OF, BODILY INJURY, and DEATH OR PROPERTY DAMAGE** due to the negligence of the city or otherwise resulting from any aspect of my voluntary participation in the Wapato Police Department Ride-Along Program. I intend for this agreement to be binding of my heirs, personal representatives, next of kin, spouse and assigns.

Initial: _____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF WAPATO, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from the negligence of the city of Wapato, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspects of my voluntary participation in the Wapato Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. I will **INDEMINIFY, DEFEND AND HOLD THEM HARLESS** from all such damages and costs of suit, including attorney fees.

Initial: _____

I have carefully read this agreement and fully understand that it is an agreement to assume all risks and release the city from all liability resulting from my participation in the Ride-Along Program and sign it of my own free will.

Rider's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

↓ **Juvenile release (if applicant is under 18 years of age)** ↓

To be signed by the parent or guardian

I have carefully read this agreement and fully understand that it is an agreement for my child or trustee to assume all risks and to release the city of Wapato from all liability resulting from my child's or trustee's participating in the Ride-Along Program. I have carefully explained the release, its significance and the assumption of risk to my minor child or trustee. By signing below, I hereby give my child permission to participate in the program and agree to be bound to the terms and conditions outlined herein.

Parent / Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____

WAPATO POLICE DEPARTMENT
Ride-Along Orientation Check List

In order to protect the jurisdiction from potential litigation, the Ride-Along Orientation check list must be completed, initialed and signed prior to the time of the ride:

Officer: _____
(Printed name)

Rider: _____
(Printed name)

- _____ The rider has been instructed to obey all commands given by the officer.
- _____ The rider has been instructed to stay in the patrol vehicle unless otherwise instructed by the officer.
- _____ The rider has been instructed to wear the seat-shoulder restraint at all times.
- _____ The rider has been informed that if the officer is requested to respond to any potentially dangerous situation, the rider may be let out prior to arrival at the situation, and possible locations have been discussed with the rider.
- _____ The rider has been instructed not to engage in any conversation with violators or prisoners other than general courtesies.
- _____ The rider has been informed that the officer may terminate the ride at the officer's discretion, at any time.
- _____ The ride-along agreement form is signed by the rider and/or parent/guardian.
- _____ The officer has advised the dispatch center that a rider is in the vehicle.
- _____ The rider has been instructed that any information received or actions observed during a ride-along that pertains to specific individuals, and is confidential in nature, shall not be revealed to anyone outside the department without specific authorization from the Department (this would include, but not be limited to: criminal activity, records, medical history, or other sensitive information).
- _____ The rider has been instructed that tape recorders, cameras and video equipment shall not be operated while participating in the program with the exception of accredited media representatives who have made the necessary arrangements through the Chief of Police.
- _____ DL# or State I.D. verified Y/N _____

Officer's Signature:

Date: _____

Rider's Signature:

Date: _____

*****OFFICIAL USE ONLY*****

Rider's Name: _____

Date completed application returned to Administration: _____

Records Checked Date: _____

Records/Warrants Check : WACIC NCIC PRMS
DOL DOC CLEAR (Y/N): _____

Comments: _____

Check Performed By: _____

*****TO BE COMPLETED BY WATCH SERGEANT*****

Application verified by: _____

Special arrangement request approved by: _____

Approved by: _____
Printed Name Signature Date

Date/Shift Assigned: _____

Officer Assigned: _____

*****TO BE COMPLETED BY RIDE-ALONG OFFICER*****

Applicant rode on: _____ with: _____
Date Officer's Name

Comments: _____

