

**NEW HAVEN POLICE DEPARTMENT
CITIZEN RIDE-ALONG REQUEST**

Requested Date of Ride-Along: _____

NAME _____ DATE OF BIRTH _____
(Print Name)

ORGANIZATION (if applicable) _____

ADDRESS _____
(Include City, State, and Zip Code)

CONTACT INFORMATION _____
(Home) (Alternate)

Describe below the reason why you would like to participate in the Ride-along Program.
(This section must be completed or form will be returned as incomplete)

The following requests are optional

I would like to accompany Officer _____

(If no particular Officer is designated, the on-duty supervisor will appoint the host Officer)

I would like to ride in the _____ District of New Haven.

I have read the Release and Waiver form, and I understand its provisions.

Signature of Participant

Date

Dept member delivering/initiating request _____ **Contact** _____

The above request is: _____ APPROVED _____ DENIED

Karl Jacobson, Chief of Police

TO BE COMPLETED BY THE DIVISION SUPERVISOR

The above named citizen will ride along as an observer with Officer _____

_____ in the _____ District on the following date

_____. From _____ hours to

_____ hours.

Assigning Supervisor

This slip will be retained by the Division Supervisor, along with the observer's signed Release and Waiver.
No permission to ride in vehicles will be allowed beyond the date and hours approved herein unless the Chief of Police expressly grants an extension.

**NEW HAVEN POLICE DEPARTMENT
RIDE-ALONG PROGRAM
RELEASE AND WAIVER**

In consideration of the authorization and permission to accompany officers or any officer of the Department during the course of his or her or their duties, which has been granted to me at my voluntary request, and having been advised here in that such activity is potentially hazardous, I _____, 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 of New Haven, its Police Department, and each and every officer, official member, employee, agent and attorney thereof, 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 any time 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 official 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, agent and assigns and representative of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association with the New Haven Police Department.

I voluntarily and willingly assume all risks incident to accompanying a New Haven Police Officer in the performance of his or her duties.

I hereby declare that I have fully read and understand the terms of this RELEASE AND WAIVER, and I freely and voluntarily enter into and accept this agreement.

In further consideration of the after said 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 instruction given to me, and during such accompaniment, I shall act only in my capacity as an observer.

SIGNATURE OF PARTICIPANT

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TO BE NOTARIZED BY SUPERVISOR/DESK OFFICER

Subscribed and sworn to before me this _____ day of _____, 20__.

SIGNATURE OF SUPERVISOR