



LAUREL POLICE DEPARTMENT RIDE-ALONG APPLICATION



NAME _____
(Last) (First) (Middle)

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ BUSINESS PHONE _____

OCCUPATION _____ EMPLOYER _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

DRIVERS LICENSE# _____ OTHER I.D. _____
(State/Number)

LAW ENFORCEMENT AFFILIATION (If any) _____

REASON FOR REQUESTING _____

I certify that the foregoing is true and correct to the best of my knowledge and belief

Reviewed by _____ Date _____ Time _____
(Signature of Applicant)

Disposition _____ Approved _____ Denied _____ Signature _____
(Circle One) (Name/Rank)

Remarks _____
(Reasons for Denial or Officer and Beat Assignment)

Assigned Officer _____ Supervisor _____



LAUREL POLICE DEPARTMENT RIDE-ALONG WAIVER



CAUTION! Read this document in full before signing.

Whereas, I, _____ being / not being over the age of eighteen and not being a member of the Laurel Police Department, I have made a voluntary request to ride as a guest in a police vehicle assigned to the Laurel Police Department and to accompany a member or members of the Laurel Police Department during the performance of their duties; and I agree

1. That I am aware that the work of the Laurel Police Department is 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 Laurel Police Department and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in arising from or in any way connected with the use of weapons; unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, or the escape of radioactive substances while accompanying a member or members of the Laurel Police Department.
2. That the City of Laurel, Mayor and City Council, City Administrator, its officers and employees, Chief of Police, all members of the Laurel Police Department and each of them, shall not be responsible or liable to any injury, damage, loss or expenses, either to me or to my property, incurred while riding in any vehicle assigned to the City of Laurel or while accompanying any member or members of said department and resulting from any negligent act or omission on the part of any member of the Laurel Police Department whether written or outside their scope of employment.
3. For myself, my heirs, executors, administrators and assigns to defend and indemnify the City of Laurel, Mayor and City Council, City Administrator, its officers and employees, Chief of Police, and each of them against any and all manner of actions, causes or actions, suits, debts, claims, demands, or liability of expense of every kind and nature incurred or arising by reason of actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the Laurel Police Department or while accompanying any member or members of said Laurel Police Department.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

(Witness)

(Signature)

(Unit Assigned)

(Officer Assigned)

(Date/Time)

(Signature of parent or guardian if Applicant is a minor)