

HASTINGS POLICE DEPARTMENT

APPLICATION FOR RIDE-ALONG

Date of Application: _____

Full Legal Name: _____

Maiden/Other Names: _____

Date of Birth: _____

Current Address: _____

City/State/Zip _____

Current Phone # _____ E-mail _____

Current Employer/School: _____

Were you referred to the Hastings Police Department?

If so, by whom? _____

Date/Time requested? First choice: _____ Second choice: _____

Have you done a ride along before?

If so, when and with what agency? _____

Do you have any physical disabilities that would affect you riding along? _____

Are you under the care of a physician or pregnant? _____

Emergency contact name and phone number: _____

Reason for requesting ride-along: _____

List below all investigative interactions you have had with law enforcement. This includes traffic stops, criminal investigations, protection orders, juvenile offenses, DHHS investigations, etc.

Have you ever used marijuana, illegal drugs, or abused prescription drugs? If so, list below the substance, frequency of use, and the last use.

List all social media accounts you have and the name on the account.

I certify that all of the above questions have been answered truthfully and to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for the rejection of this application. I understand that before being accepted into this program, a criminal history and personal history check will be conducted.

Further, I understand and agree that in the performance of my duties as a Ride-Along/Intern with the Hastings Police Department, I will hold all names and information regarding the Department in the strictest confidence. I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Ride-Along/Intern and possible criminal prosecution.

I agree to release the City of Hastings, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Ride Along/Intern.

Signature of Applicant _____ Date _____

HASTINGS POLICE DEPARTMENT RIDE-ALONG/INTERN RELEASE,
INDEMNITY AGREEMENT AND COVENANT NOT TO SUE

I/We certify that the below information is correct and acknowledge by my/our signature(s) below that I/we agree to the following:

- I/We desire to obtain information relative to the operation of the Hastings Police Department by being a participant of the Ride-Along/Intern Program.
- I/We understand my participation may include riding in a Hastings Police Department vehicle as a part of the Ride-Along/Intern program.
- I/We fully understand that by participating in this Program, the participant may be exposed to conditions and situations of a hazardous nature. For the sole consideration of being permitted to participate in the "Ride-Along/Intern Program" the sufficiency of this consideration being hereby acknowledged, I/we do hereby covenant and undertake with my/our heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Hastings (Hastings Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along/Intern Program."
- It is understood and agreed that as against the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself/ourselves on account of any alleged claim or claims against the City of Hastings (Hastings Police Department) or its authorized agents, representatives, or personnel.
- I/We do hereby expressly stipulate and agree to indemnify and hold harmless the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me/us or any person in my/our behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along/Intern Program."
- I/We further expressly understand and agree that the participant will: (1) Abide by the orders of the police officers whom the participant accompanies; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers.
- I/We further agree to protect and save harmless the City of Hastings, (Hastings Police Department, its agents, representatives, or personnel) from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my/our actions.

I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS

To be completed by participant	
Printed Name	Date:
Signature	
To be completed by the parent or guardian of a participant under 19 years of age	
Printed Name	Relationship to Minor Participant:
Signature	

ACCIDENT WAIVER AND RELEASE: POLICE INTERNSHIP/RIDE ALONG

A Police Internship/Ride Along is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to; participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Police Internship

I certify that I am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Police Internship/Ride Along I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF HASTINGS AND THE HASTINGS POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Police Internship.

I understand that during the Police Internship/Ride Along or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Police Internship/Ride Along I voluntarily seek to participate in is a hazardous activity. I am voluntarily seeking participation in the Program with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS

To be completed by participant

Printed Name	Date:
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Signature

To be completed by the parent or guardian of a participant under 19 years of age

Printed Name	Relationship to Minor Participant:
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Signature