



# RIDE-ALONG PROGRAM



## APPLICATION & WAIVER / HOLD HARMLESS (Please Print)

NAME: \_\_\_\_\_  
Last First Middle

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

SSN: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### APPLICANT MUST FURNISH A VALID PHOTO ID

Please state the reason that you wish to ride along with a Billings Police Officer, (if you need more room, turn form over): \_\_\_\_\_

Please Explain / Circle Your Availability: \_\_\_\_\_

DAYS		NOONS			NIGHTS	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer. If my application to ride along with a Billings Police Officer is approved by the Shift Commander on duty, I agree to Indemnify and Hold Harmless the City of Billings, the Billings Police Department, and their employees from all injuries, claims and liabilities suffered by me or arising out of my participation in the ride along program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If the above person is **UNDER THE AGE OF 18 YEARS**, then the parent or guardian must also read, approve, and sign the following statement: *The above-named Juvenile for whom I am the parent or guardian has my permission to ride along with the BILLINGS POLICE DEPARTMENT. I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer and I agree to Indemnify and Hold Harmless the City of Billings, the Billings Police Department, and their employees from all injuries, claims and liabilities which he or she may sustain during the time of his or her participation in the ride along program.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **For Office Use Only:**

Officer Assigned: \_\_\_\_\_ Shift: \_\_\_\_\_

Approved by Shift Commander: \_\_\_\_\_ C&O: \_\_\_\_\_

Checked NCIC  Checked Local \_\_\_\_\_ Initials