



Knightdale Police Department

Chief of Police – Lawrence Capps

979 Steeple Square Ct.
Knightdale, NC 27545
Office (919) 217-2261 Fax (919) 217-2269

APPLICATION FOR RIDE-ALONG PROGRAM AND LIABILITY RELEASE FORM

F3-36a

Complete and sign both pages of the form

NAME _____ DOB _____ SEX _____ DATE _____

ADDRESS _____ PHONE # _____

NCDL: _____ LAST FOUR OF SOCIAL SECURITY # XXX-XX- _____

OCCUPATION: _____ EMPLOYER: _____

| | | | |
|-------------------------|-------|---------|-------------|
| EMERGENCY CONTACT _____ | _____ | _____ | _____ |
| | Name | address | home/work # |

LIST 3 REFERENCES: (1) _____

| | | | |
|-------|-------|---------|-------------|
| _____ | _____ | _____ | _____ |
| | Name | address | employment |
| | | | home/work # |

(2) _____

| | | | |
|-------|-------|---------|------------|
| _____ | _____ | _____ | _____ |
| | Name | address | employment |
| | | | home/work |

(3) _____

| | | | |
|-------|-------|---------|------------|
| _____ | _____ | _____ | _____ |
| | Name | address | employment |
| | | | home/work |

PREFERRED DATES / TIME: 1) _____ 2) _____ 3) _____

PURPOSE OF RIDE ALONG: _____

(Signature of Participant & Parent or Guardian, if applicable)

Date

WAIVER OF LIABILITY

I, _____, as a participant in the Ride-Along program with the Knightdale Police Department for and in consideration of the opportunity to ride with and observe a public safety officer in the performance of his/her duties, agree as follows:

I hereby waive for myself, my heirs, executors, administrators or assigns any and all claims, demands, actions, or causes of action against the Knightdale Police Department, its officers, agents, and employees of the Town of Knightdale itself, of whatever kind of nature which may arise in any manner by reason of injury or damage to my person or property or both while I am riding in a patrol vehicle, observing any operation, or participating in this program in any other manner.

I do hereby covenant and agree that I will never instigate any suit of action against Knightdale Police Department, its officers, agents, or employees for damages or loss or injury of any kind or on account of any damages, loss or injury to my person or property or both which may arise in any manner while I am riding in a patrol vehicle, observing any operation or participating in this program.

This agreement holds Knightdale Police Department, its officers, agents, and employees harmless for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.

I do hereby covenant, agree and understand that if I am authorized to participate in the Ride-Along program my only capacity will be that of a passenger/observer. I understand that I am not permitted to take part in any law enforcement action, assist or perform any law enforcement task or function unless specifically requested to do so by the officer I am assigned to ride with. I also understand that I am not allowed to photograph or video the activities.

I hereby authorize the Town of Knightdale Police Department to conduct a limited background investigation including a check of criminal history records and driver's history. I understand this check is limited to determining if I meet the basic requirements for this application.

I have read the foregoing waiver and covenant not to sue. I understand that it constitutes a formal legal document.

(Signature of Participant, Parent or Guardian if applicable)

(Date)

Wake County, North Carolina

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: _____

(Name of Principal)

Notary Public Name

Notary Public Signature

Seal:

My Commission expires: _____