## SIERRA VISTA POLICE DEPARTMENT

Civilian Observation/Ride-Along Program

## **WAIVER OF LIABILITY**

For and in consideration of the undersigned being given the opportunity of observing police operations and functions by riding in a motor vehicle operated by a member of the SVPD, I hereby release and agree to hold harmless the City of Sierra Vista, its employees and agents, both personally and as agents and employees from any and all liability for any damage and injury, which I may receive while riding in or upon said motor vehicles and which I may receive while accompanying a Sierra Vista Police Department officer, regardless of the cause of such damage or injury, whether through negligence or otherwise. This release of liability and agreement by me to the City of Sierra Vista, its employees and agents, shall apply to any right of action that might accrue to me, my heirs, and my personal representative. Further, I agree to assume all risks in riding in City of Sierra Vista motor vehicles and in accompanying its officers and agents and I am fully aware that personal danger may be involved. I also agree to abide by the rules established for civilian observers listed below.

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The following rules of dress and conduct more observers must read and initial each rule prior of the conduct of	to the approval of the Ride-along Woothed and groomed. Clothing maidriff tops). ient money or make arrangement off at a well-lighted area if the uit. The observer should have a ceasary. In the defendence of the periods of inactivity while observed in administrative duties. Coarrying weapons during the ride-arom becoming involved in arrest on still, video, or audio recording a ceive prior approval of the Police iting, in advance, to allow consider the civilian observer that would	Vaiver of Liability. ust be clean and without as for meal breaks. e officer is assigned a ell phone or other means officers prepare reports, along. st or other dangerous any portion of the ride- e Division Commander. eration prior to the ride-
Civilian Observer Name (PRINT CLEARLY)	Signature	 Date*
·	•	
This waiver may be utilized for multiple observed background check must be completed if more		
-	•	_
A notarized signature of a parent or guardia		
permission before an observer under the age of Department employee may witness a parent/gr		
		, .
Parent/Guardian Name (PRINT CLEARLY)	Signature	Date
SVPD Employee Name	Signature	Date
State of Arizona )		
County of Cochise )		
On this day of, 20	, before me personally appeared	······································
whose identity was proven to me on the basis of sa	atisfactory evidence to be the person	who he or she claims to be,
and acknowledged that he or she signed the above	document.	

**Notary Public** 

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<u>Civ</u>	vilian Observer's Contact	Information (PRINT CLE	ARLY)
Name (first, middl	e, last)	Cell/Home Phone	DOB
Maiden/Other N	lame	Work Phone	Observation Day/Time Preference
Street Addre	ss	City	State Zip
	Signature		Date
Records Clerk Na	me SVPI	D Records Search Date	
County Attorney Site	Public Access	ACIC/ NCIC	Date Completed
Patrol Bureau Command	er Signature A	pproved Denied	Forwarded to supervisor for scheduling (Date & Supv. Badge #)
otes:			
_			
he maximum number of	ride-along time may not e	exceed 20 hours per year.	
Date	Hours	Officer	Supervisor

Please return this completed form to Records after ride-along/observation is complete.