Spillman #	

(For Official Use Only)

## APPLICATON FOR RIDE-ALONG

Complete the following information (Please, Print Legibly) Name: Address: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_ Hair Color: \_\_\_\_ Eye Color: \_\_\_\_ Height: \_\_\_\_ Home Phone: Cell Phone: Work Phone: Driver's License State/#: Current Employer or School: \_\_\_\_\_ Reason for wanting to Ride-Along: Tuscaloosa Police Officer reference (if any): (Shifts being at 6 a.m., 2 p.m., and 10 p.m. You can ride a whole 8 hr. shift or part of it. The officer will return you to the building at his earliest convenience for the time you select so, plan accordingly.) Notice: By completing and signing this request to ride along, you are agreeing to a criminal history check both locally and nationally. No firearms or weapons of any type are to be carried while participating in this program. You also agree to comply with any legal request made of you during the ride along with the officer you are riding with. Failure to comply with the above will result in immediate termination of the ride You will be contacted by a sergeant on the shift you wish to ride with for further background information. You will be notified at a later date of approval or disapproval and, if approved, the date and time to ride. A City of Tuscaloosa release from liability form, as well as a non-disclosure form, is also required to ride along. I agree to abide by the above Signed: \_\_\_\_\_ Date: Witnessed: Disapproved reason: \_\_\_\_\_\_ Date: \_\_\_\_\_ Date: Approved: \_\_\_ Lieutenant Signature

NOTICE: BOTH SIDES MUST BE FILLED OUT, SIGNED AND WITNESSED BEFORE RIDE-ALONG CAN BE APPROVED

Approved: \_\_\_

Chief Signature

Date:

## AUTO, BOAT, HELICOPTER (POLICE)

RELEASE AND INDEMNITY AGREEMENT	
<b>WHEREAS</b> , the undersigned, to ride in a vehicle, automobile, boat or helicopter owned by the City of Tuscal work; and,	has requested he/she be permitted loosa when said vehicle is engaged in police
<b>WHEREAS</b> , the undersigned is fully aware and acknowledges that by danger to him/her from conditions that are both open and obvious and/or lat injury, including personal injury and/or death.	
<b>NOW, THEREFORE</b> , in consideration of the City of Tuscaloosa permit activity, the undersigned does, for himself/herself, his/her heirs, assigns, exectorever discharge the City of Tuscaloosa, a Municipal Corporation, its officers, manner of action and actions, suits, and sums of money, dues, claims, or dema manner grow out of, property damage sustained by the undersigned or injuried including injuries known or unknown, by reason of being permitted to engage Tuscaloosa.	eutors and administrators, remise release and agents, and/or employees of and from all nds, whatsoever, which arise out of or in any es or death sustained by the undersigned,
The undersigned voluntarily assumes all risks attendant with the acti agree to indemnify and hold harmless, the City of Tuscaloosa, a Municipal Corany and all manner of damages, claims, suits, sums of money, dues and deman manner grow out of property damage sustained by the undersigned or injurie including injuries known or unknown to the undersigned by reason of the undersaid activity.	poration, its officers, agents or employees from ds, whatsoever, which arise out of or in any s or death sustained by the undersigned,
The undersigned expressly warrants that this Release and Indemnity executors, successors, administrators, and assigns.	Agreement is to be binding upon his/her
It is the further warranted by the undersigned that no promise or ind forth, and that the undersigned is of legal age, legally competent to execute this Release and Indemnity Agreement, making all warranties herein set forth and Release is a full and final release of all claims known and unknown, anticipated	is Release and agrees to all the terms of this accepting full responsibility therefor, and this
THE UNDERSIGNED has read this Release and Indemnity Agreen	nent and fully understands the same.
WITNESS my hand and seal, this the day of	
	Shift Commander
	Approval Chief of Police
-	Signature of Participan

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

Form RL98-12

WITNESSED: