



## NEW HOPE POLICE RIDE-ALONG LIABILITY RELEASE

### PARTICIPANT INFORMATION

Name (first, middle, last) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (h/w/c) Email \_\_\_\_\_

Reason for ride-along \_\_\_\_\_

I, \_\_\_\_\_ (*participant's printed name*), hereby agree to waive any and all legal liability on the part of the CITY OF NEW HOPE or the NEW HOPE POLICE DEPARTMENT, its agents or employees, arising from my participation in the ride-along program. I will hold all parties harmless for any physical and/or property damage sustained by me as a participant in this program in consideration for being granted permission to accompany an officer while in the course of their official duties.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR PARTICIPANTS UNDER AGE 18

I, \_\_\_\_\_ (*parent/guardian printed name*), hereby grant permission for my child, \_\_\_\_\_ (*child's printed name*), to participate in the New Hope Police Department's ride-along program. I expressly waive any and all legal liability on the part of the CITY OF NEW HOPE or the NEW HOPE POLICE DEPARTMENT, and its agents or employees, arising from my child's participation in the ride-along program. I will hold all parties harmless for any physical and/or property damage sustained by my child as a participant in this program in consideration for being granted permission to accompany an officer while in the course of their official duties.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(OFFICE USE ONLY)

\_\_\_\_ BACKGROUND RELEASE/DATA PRACTICE RELEASE FORM-BCA  
\_\_\_\_ SECURITY AWARENESS AGREEMENT/OCCASIONAL UNESCORTED ACCESS FORM

LETG Case # \_\_\_\_\_

RIDE-ALONG DATE \_\_\_\_\_ TIME \_\_\_\_\_ OFFICER \_\_\_\_\_