



**RIDE ALONG AGREEMENT**

Submit application in person, by mail or by fax (303-664-1873), along with a clear copy of your driver's license. Allow a few days for the approval process. You will be contacted to schedule your ride. Please do not show up until your ride has been scheduled and confirmed.

I request permission to ride with a police officer in a Lafayette Police Department vehicle. I am at least 15 years of age. I understand that this permission to ride must be approved by a command officer and that this permission may be revoked at any time for cause. I also understand that this ride-along will only be for up to an **eight** hour period of time, between 10AM and 11PM, unless otherwise approved. In consideration of this permission, I agree and promise as follows:

1. I will remain in the patrol vehicle at all times, unless otherwise instructed by the officer to exit the vehicle. I agree to the terms of this agreement whether in or out of the patrol vehicle.
2. I may be riding in a patrol vehicle that has had the passenger side air bag disabled.
3. I understand that I am participating as a civilian and I am strictly prohibited from performing any law enforcement functions.
4. I am aware of all inherent dangers involved and I freely and knowingly assume all risks to my person and/or property.
5. I, as well as my heirs, executors and assigns indemnify and hold harmless the Lafayette Police Department, the City of Lafayette and their employees and agents for any claims, amounts, and/or damages that may arise from any conduct while I am participating in the Ride-Along Program.
6. I will not divulge, contrary to law, any confidential information that I learn while participating in the Ride-Along Program.
7. I agree that I will wear neat, clean and appropriate clothing: slacks/jeans and shirt. No shorts, short skirts, worn denim pants, t-shirts or anything with a bold logo.

**I have read, understand and agree to abide by this entire agreement and its legal effect.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Time Requesting to Ride \_\_\_\_\_

Purpose of Ride Along Request \_\_\_\_\_

Parent or Guardian Signature (if minor) \_\_\_\_\_

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Records Check Completed	Date:	Records Check Completed By:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Command Officer Authorized:
Reason for Denial:		
Ride Assigned to Sergeant:		Officer Assigned:
Ride Date & Time:		<input type="checkbox"/> Ride Along Completed <input type="checkbox"/> Ride Along Cancelled