



# RIDE-ALONG PROGRAM



## APPLICATION & WAIVER / HOLD HARMLESS (Please Print)

NAME: \_\_\_\_\_

Last

First

Middle

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

### **APPLICANT MUST FURNISH A VALID PHOTO ID**

Please state the reason that you wish to ride along with a Billings Police Officer, (if you need more room, turn form over): \_\_\_\_\_

DAYS		NOONS			NIGHTS		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	

Please Explain / **Circle Your Availability:** \_\_\_\_\_

I understand that as a participant of this ride along that, without prior authorization, I am not allowed to use any camera, personal communication device, or other electronic device capable of capturing, storing, or transmitting any digital or analog material such as, but not limited to, photographs, videos, and/or audio recordings, to record any law enforcement activities which they may observe or be privy to (e.g. crime scenes, investigative procedures, suspect, victim and/or witness interaction, tactical procedures, etc.).

I agree to refrain from disclosing to any individual confidential information of any nature that I may obtain through this observation of the Police Department.

I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer. If my application to ride along with a Billings Police Officer is approved by the Shift Commander on duty, I agree to Indemnify and Hold Harmless the City of Billings, the Billings Police Department, and their employees from all injuries, claims and liabilities suffered by me or arising out of my participation in the ride along program.

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

If the above person is **UNDER THE AGE OF 18 YEARS**, then the parent or guardian must also read, approve, and sign the following statement: *The above-named Juvenile for whom I am the parent or guardian has my permission to ride along with the BILLINGS POLICE DEPARTMENT. I verify they understand the restrictions of the use of recording devices and the disclosing of potential confidential information. I have full knowledge of the risks and dangers involved in riding along with a police officer and I agree to Indemnify and Hold Harmless the City of Billings, the Billings Police Department, and their employees from all injuries, claims and liabilities which he or she may sustain during the time of his or her participation in the ride along program.*

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

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***For Office Use Only:***

Officer Assigned: \_\_\_\_\_ Shift: \_\_\_\_\_

Approved by Shift Commander: \_\_\_\_\_ C&O: \_\_\_\_\_

Checked NCIC  Checked Local \_\_\_\_\_ Initials