



Marion Police Department

270 South Main Street
Marion, North Carolina 28752
(828) 652-5205 • Fax (828) 652-2977



Allen Lawrence, Chief of Police

Ride Along Application and Release From Liability

I, _____, do hereby make application to participate in the City of Marion Police Department Ride Along Program. I understand and agree to abide by the following terms and conditions.

- 1 I swear and affirm that I have never been convicted of a felony and that I have not been convicted of a misdemeanor within the past five years.
- 2 To be best of my knowledge and belief. I am not currently the subject of an arrest warrant.
- 3 I understand that while participating in the ride along program. I might be exposed to sudden, dangerous situations involving weapons, shots fired, violent persons, ect.
- 4 I will not leave the police vehicle unless directed to do so by the host officer and will obey all directions given to me by the host officer at all times without questions.
- 5 I will not divulge any confidential information or circumstances which I might hear or see during the ride along.
- 6 I will not consume alcoholic beverage for at least eight (8) hours prior to the scheduled start of the ride along.
- 7 I do hereby remise, release and forever discharge the City of Marion and its officers and/or employees of and from any and all action, cause of action, suits, judgments, demands and claims whatsoever for injuries, damages or other losses suffered by the undersigned and caused by the City of Marion or any of its agents or employees including all injuries, damages and losses caused by any act of any of its officers, agents and employees.
- 8 I understand the dress code is as follows: shirts with collars and pants (no jeans, shorts or jogging pants and no open toe shoes)
- 9 My participation in the Ride Along Program, including any traveling in police vehicles, is done freely and voluntarily and at my request. I have read this application and I understand and agree to abide by the terms and conditions stated within this application for the Ride Along Program.

Signature of applicant

Date

Address

Date of Birth

City and State

Date and Time You Wish to Ride

Phone Number

Emergency Contact Name/Phone Number

Signature of Guardian (if under age 18)

Date

WITNESS my hand and seal, this ____ day of _____, 20____.

My Commission expires: _____

NOTARY PUBLIC

Chief Signature: _____ Approved Not Approved

Assigned to Shift Supervisor: _____

“Policing is a Partnership”