

# CAPITOLA POLICE DEPARTMENT RIDE ALONG AGREEMENT

I, THE UNDERSIGNED, AM AWARE OF THE HAZARDS OF THE LAW ENFORCEMENT PROFESSION. BY BEING ALLOWED TO PARTICIPATE IN THE CAPITOLA POLICE DEPARTMENT'S RIDE ALONG PROGRAM, I AGREE TO HOLD THE CAPITOLA POLICE DEPARTMENT AND THE CITY OF CAPITOLA HARMLESS.

SHOULD ANYTHING HAPPEN TO ME DURING THE RIDE ALONG, I AGREE TO NOT HOLD THE POLICE DEPARTMENT OR THE CITY RESPONSIBLE OR LIABLE.

AS SOME OF THE INFORMATION I AM EXPOSED TO MAY BE CONFIDENTIAL OR SENSITIVE IN NATURE, I ALSO AGREE TO A COMPLETE PERSONAL RECORDS CHECK.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**CALIFORNIA DRIVER'S LICENSE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**IF UNDER 18 YEARS OLD,  
PARENT'S SIGNATURE** \_\_\_\_\_

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**DATE OF RIDE ALONG** \_\_\_\_\_

**HOURS** \_\_\_\_\_

**ASSIGNED OFFICER** \_\_\_\_\_

**SUPERVISOR'S INITIALS** \_\_\_\_\_