

**SALINA POLICE DEPARTMENT  
RIDE-ALONG  
RELEASE, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE**

I certify that the information contained herein is correct, and acknowledge with my signature below that I do agree to the following: I desire to participant and ride as a passenger in a Salina Police Department vehicle as a part of the City of Salina Police Department's 'Ride-Along Program.' I fully understand that by participating in this Program, I may expose myself to conditions and situations of a hazardous nature.

For and In consideration of being permitted to participate in the City of Salina Police Department's 'Ride-Along' Program, the sufficiency of this consideration being hereby acknowledged, I do hereby covenant and undertake with my heirs, guardians, executors, and administrators, to forever refrain and desist from instituting or asserting against the City of Salina, its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the City of Salina Police Department's 'Ride-Along' Program.

It is understood and agreed that as against the City of Salina and its authorized agents, representatives, or personnel, this agreement may be pleaded as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself on account of any supposed claim or claims against the City of Salina or its authorized agents, representatives, or personnel.

I do hereby expressly understand and agree that I will: (1) Abide by the orders of the police officers with whom I accompany; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers; (4) Refrain from placing myself in a position which might endanger my life, or the lives and safety of police officers or other persons; (5) Refrain from video recording, audio recording or photographing any and all officers, persons or incidents occurring during my 'Ride-Along' event(s).

I agree to protect and save harmless the City of Salina, its agents, representatives, or personnel from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my actions.

**CONFIDENTIALITY** - I further understand I may be exposed to information of a confidential nature. I agree to not disclose it unless a duty or legal provision requires otherwise. Members of the public have a right to security and privacy, and information obtained about them must not be improperly divulged.

**PERSONS APPROVED FOR PARTICIPATION IN THE RIDE-ALONG PROGRAM AGREE TO WEAR APPROPRIATE ATTIRE DURING RIDE-ALONG SESSION(S). APPROPRIATE ATTIRE IS DEEMED AS BUSINESS OR BUSINESS CASUAL SUCH AS A SHIRT HAVING A COLLAR, A JACKET, SLACKS OR BUSINESS CASUAL PANTS (SUCH AS DOCKERS, KHAKIS, ETC). NO JEANS, SHORTS, AND/OR FLIP-FLOPS ARE PERMITTED.**

**I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS**

TO BE COMPLETED BY PARTICIPANT	
Print Name	Signature
Witness Officer/ID No.	Date
Approved By: (Commanding Officer/ID. No.)	Date

**SALINA POLICE DEPARTMENT**  
**“RIDE-ALONG”**  
**APPLICATION FORM**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
                                    Last                                    First                                    (MI)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                                    Street                                    Apt.                                    City

Employer \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Business Phone \_\_\_\_\_ Male  Female

REASON FOR WANTING TO PARTICIPATE IN THE “RIDE-ALONG” PROGRAM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Day & Time to Ride: \_\_\_\_\_

**PERSONS APPROVED FOR PARTICIPATION IN THE RIDE-ALONG PROGRAM AGREE TO WEAR APPROPRIATE ATTIRE DURING RIDE-ALONG SESSION(S). APPROPRIATE ATTIRE IS DEEMED AS BUSINESS OR BUSINESS CASUAL SUCH AS A SHIRT HAVING A COLLAR, A JACKET, SLACKS OR BUSINESS CASUAL PANTS (SUCH AS DOCKERS, KHAKIS, ETC). NO JEANS, SHORTS, AND/OR FLIP-FLOPS ARE PERMITTED.**

Send or bring completed application to: Salina Police Department  
Attn: Sgt. Tim Brown  
255 N. 10<sup>th</sup> St.  
Salina, Kansas 67401

For Department Use Only

Date and Time “Ride-Along” Scheduled For: \_\_\_\_\_

Supervisor Notification: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_