

Hamilton Police Department Ride along Program Application

Print Name (Last, First, Middle)		Social Security Number				Date			
Street Address		City		State		Zip Code		Residence Phone	
Drivers License Number		Sex	Race	Age	Date of Birth	HT	WT	Hair	Eyes
Email Address									
Occupation			Name of Employer/School				Business Phone		
Do you have any past arrests or pending court cases:					List Date, Agency, Charge and Disposition. Attach additional sheets if necessary.				
Why do you want to participate on a ride along? Who Recommended you participate?									
Do you have any Physical Limitations? Example (High Blood pressure, Heart Condition, Nervous or mental Condition...etc)									
List Previous participation in any ride along program. Include Agency and date participated.									

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Indiana to release to the Hamilton Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Hamilton Police Department in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Signature of Applicant

BOTH FORMS MUST BE FILLED OUT

INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned

_____ has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Hamilton Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers. Now, therefore, in consideration of the Town of Hamilton, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the Town of Hamilton, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the Town, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the Town, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the Town, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Hamilton Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

Date: _____

Signature of Applicant

<input type="checkbox"/> APPROVE	TOWN MARSHAL SIGNATURE	DATE
<input type="checkbox"/> DISAPPROVED		

Checks Completed by: _____

Date: _____

- Warrant Cleared
- Criminal History Cleared
- Past Ride along Cleared