



CITY OF MADISON POLICE DEPARTMENT



RIDE-ALONG APPLICATION

Please complete the application and mail / email to:

Madison Police Department
Attn: Alyssa Cains
211 S. Carroll St.
Madison, WI 53703
acains@cityofmadison.com

SECTION 1: RIDE-ALONG APPLICANT INFORMATION
SECTION 2: WAIVER OF LIABILITY
SECTION 3: TO BE COMPLETED BY DEPARTMENT PERSONNEL
SECTION 4: HOSTING OFFICER INFORMATION



CITY OF MADISON POLICE DEPARTMENT



RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT - ADULT

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

In consideration of being permitted to ride in a vehicle owned and operated by the City of Madison and to accompany officers of the City of Madison Police Department on a call ("ride-along"), I do hereby release the City of Madison, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Madison or accompanying an officer.

City of Madison Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Madison, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Madison does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride- along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO BE PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF MADISON, I HEREBY WAIVE AND RELEASE THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

Date of Ride: _____

Employee: _____

Time of Ride: _____

Supervisor Approval: _____



CITY OF MADISON POLICE DEPARTMENT



RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT - MINOR

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

In consideration of being permitted to ride in a vehicle owned and operated by the City of Madison and to accompany officers of the City of Madison Police Department on a call ("ride-along"), I do hereby release the City of Madison, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Madison or accompanying an officer.

City of Madison Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Madison, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Madison does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride-along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION - MINOR

IN CONSIDERATION OF _____, A MINOR, BEING PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF MADISON, I, INDIVIDUALLY AND AS A PARENT AND NATURAL GUARDIAN OF SAID MINOR, HEREBY WAIVE AND RELEASE THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO THE ABOVE-NAMED MINOR AS A CONSEQUENCE OF THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, THE ABOVE-NAMED MINOR AGREES TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

NAME OF PARENT/LEGAL GUARDIAN _____

SIGNATURE OF PARTICIPANT _____

DATE _____

Date of Ride: _____

Employee: _____

Time of Ride: _____

Supervisor Approval: _____