

**RULES, POLICIES AND PROCEDURES OF**  
**MINOCQUA POLICE DEPARTMENT RIDE-ALONG PROGRAM**

**OVERVIEW:**

The Minocqua Police Department has a Ride-Along Program (hereinafter referred to as the "Program") that gives civilians the opportunity to observe law enforcement patrol activities. The goal is to help riders understand the problems and concerns of law enforcement, while establishing lines of communication between law enforcement officers and the community.

**APPLICATION:**

An interested candidate must apply to participate in the Program using the "Ride-Along Request" form. The Chief and/or his designee will consider the request for approval. Assignments are made on a first-come, first-served basis.

**RELEASE AND WAIVER OF LIABILITY:**

A candidate must complete and sign a Release and Waiver of Liability form provided by the Police Department. The Release and Waiver of Liability form must include the candidate's full name, address and date of birth. The candidate must sign the Release and Waiver of Liability form. Candidates under 18 years of age will not be allowed to participate in the Program.

**APPROVAL:**

Upon receipt of the "Ride-Along Request" form and the completed and signed Release and Waiver of Liability form, the request will be considered for approval. The Chief of Police or his/her designee will notify a candidate whether his/her request has been approved or disapproved. Early application is suggested since the Police Department prefers to schedule the ride-along at least one week in advance. Ride-along requests are considered on a case-by-case basis and are approved or disapproved in the sole discretion of the Police Department and the Town of Minocqua. Submission of a ride-along request does not guarantee that it will be approved.

**PARTICIPATION:**

Participants will be under the direction of a police officer. Participants will not be allowed to become involved in the police officer's activities unless specifically directed to do so by the officer. If the police officer or the participant decides that a dangerous situation exists which would compromise the participant's safety, the ride-along will terminate and the participant will be dropped off at a place of safety. Arrangements will be made for the participant's transportation back to the Police Department if the ride-along is terminated.

I/we certify that I/we have read, understand and will comply with the foregoing Rules, Policies and Procedures of the Minocqua Police Department Ride-Along Program.

**IN WITNESS WHEREOF,** I/we have signed this document on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Month Date Year

\_\_\_\_\_  
Signature of Minocqua Police Department  
Ride-Along Program Participant

\_\_\_\_\_  
Signature of Witness

**RELEASE AND WAIVER OF LIABILITY**  
**FOR FUTURE ACCIDENTAL INJURY, DEATH OR PROPERTY DAMAGE**

**I AGREE** that in consideration of being allowed to participate in the Minocqua Police Department Ride-Along Program (hereinafter referred to as the "Program") which is governed by the policies of the Minocqua Police Department, I hereby release the Police Department, the Town of Minocqua, and their officers, employees and agents as follows:

1. I, \_\_\_\_\_, date of birth \_\_\_\_\_  
First name M.I. Last name

of: \_\_\_\_\_  
Address: Number Street/Road City State ZIP

wish to participate in the Minocqua Police Department Ride-Along Program. I understand that Program is offered by the Minocqua Police Department as a means of furthering the understanding and communication, as well as information, between the Minocqua Police Department and the citizens and organizations of the Town of Minocqua. I acknowledge that participation in the Program carries some risk of harm to me.

2. I have read, understand and agree to comply with, the Program rules, policies and procedures prepared by the Minocqua Police Department and attached hereto. I understand that this Program has some potential danger to me and I agree that neither the Police Department, the Town of Minocqua, nor their officers, employees or agents, shall be held liable in any way for any negligent acts or omissions occurring during my participation in the Program which may result in injury, death, property damage and/or other damage to me, such as, without limitation, automobile accident, gunshot, assault or battery.

3. In consideration of being allowed to participate in the Program, I do hereby personally assume all risks from any negligent acts or omissions occurring during, or arising out, my participation in the Program, and do hereby further release the Minocqua Police Department, the Town of Minocqua, and their officers, employees and agents for any injuries or damages to me arising out of any negligent acts or omissions which may occur while I am participating in the Program, whether foreseen or unforeseen, such as, without limitation, automobile accident, gunshot, assault or battery. I do further agree to hold harmless the Police Department, the Town of Minocqua, and their officers, employees and agents, from any claims asserted by me, my family, my estate, heirs and/or assigns alleging damages due to negligent acts or omissions of others occurring during my participation in the Program.

4. I further state that I am of lawful age to sign this Release.

5. I understand the contents of this Release and have read it before signing it. I have signed this Release freely, knowingly and voluntarily.

**IN WITNESS WHEREOF**, I have signed this document on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Month Date Year

\_\_\_\_\_  
Signature of Minocqua Police Department  
Ride-Along Program Participant

\_\_\_\_\_  
Signature of Witness

*A Letter of Request, directed to the Minocqua Chief of Police, must accompany this completed form. Send them to:  
Minocqua Police Department, Attn: Ride-Along Program*

# RIDE-ALONG REQUEST FORM

## MINOCQUA POLICE DEPARTMENT

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\_\_\_\_\_  
Signature of Ride-Along

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cell Phone/Alternate Phone #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

☐ Driver's License \_\_\_\_\_

☐ Other Photo ID \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Ride-Along Officer Assigned (Print Name)

**Date Requesting to Ride** \_\_\_\_\_

**Time** \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief or Designee

\_\_\_\_\_  
Date

**\*NOTE:** Ride-alongs are required to be appropriately dressed. Males should wear a collared shirt and slacks. Females should wear a blouse and slacks. **T-shirts, blue jeans, ripped clothing, and dirty clothing are not appropriate attire.**

**Return Original to Administrative Secretary**  
**Copy to Shift Supervisor**