

MEBANE POLICE Liability Release Form



General Instructions

Records will provide ONLY page 1 and 2 initially to the applicant who will complete page 1 and 2, sign and return the pages to the Mebane Police Department for review and a background investigation.

Upon completion of the background investigation, the complete application is forwarded to the Assistant Chief who will evaluate the background information and either approve or deny the request at which time he will notify the applicant of the results. In addition, once the application is approved, the Assistant Chief will designate either a senior officer or a Field Training Officer to manage the ride-along during the indicated date/time. The initial pages are returned to Records who will attach the remaining 3 pages and place it in a folder at the front office for the assigned officer and ride-along to complete.

The Officer is then responsible for verifying the identification of the ride-along candidate and for filling out the form and witnessing the signature on the waiver of liability and general instructions for the ride along program.

Once the form is completed, to include the time began and ended for the ride-along, the officer will forward the entire form (5 pages) to Records for filing.

MEBANE POLICE Liability Release Form



APPLICANT INFORMATION (Please print all answers and fill each line)

Personal Information

First/Middle/Last Name: _____

Address/City/State/Zip: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____ Home/Cell Number: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Employer: _____

Employer's Address: _____ Work Phone: _____

Emergency Contact Person (1st)-Phone/Address/ Relationship:

Emergency Contact Person (2nd)-Phone/Address/Relationship:

Information

MPD will contact you after a background check has been completed. At that time, if the request is accepted, the scheduled time and date of the ride-along will be established. Please indicate any preferences you may have regarding your ride-along. Indicating preference does not guarantee a ride-along at the preferred time/day of the week.

Preferred Day(s) of Week: _____ Preferred Time(s): _____ Preferred Officer Optional) _____

Please list the reason(s) you would like to participate in the program:

Have you ever participated in the program before? _____ Yes _____ No

Are you related to an employee of the Mebane Police Department? _____ Yes _____ No

Do you have any needs that may require special consideration? _____ Yes _____ No

If yes, explain:

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Parent/Guardian Information (Complete if applicant is under 18 years of age)

First/Middle/Last Name: _____ Date of Birth: _____

Address/City/State/Zip: _____

Best Contact Number (Parent): _____ Secondary Contact Number: _____

Guardian/Parent Signature: _____ Date: _____

LEGAL NOTE-READ BEFORE SIGNING

This form must be completed and returned to the Mebane Police Department. Please expect at least two weeks to process the form and perform a background check. By signing this form, you are giving the Mebane Police Department permission to complete a **thorough criminal history check** on you prior to the ride-along. Completing this form does not guarantee the applicant a ride-along. You will be contacted and informed when the application is approved or denied. During that time the date and time of the ride-along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding ride-along or the application process should be directed to the Patrol Division Commander during regular business hours at 919-563-9031. Participants are expected to be physically able to handle themselves in the event of a critical incident. Please indicate on the special need consideration line any physical or mental condition(s) that may prevent you from doing so.

Applicant's
signature _____ Date _____

Participants will only be permitted to ride no more than 6 times per calendar year.

*****Official Use*****

Type of ID Presented: Driver's License Military ID ID Card Other: _____

Signature of Personnel Accepting: _____ Date: _____

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Ride –Along Program **Liability Release Form**

I, _____, residing at (address) _____
County of _____, State of North Carolina, do hereby request to participate in the Mebane Police Department (MPD) Ride-Along Program. I realize the duties of a Mebane Police Officer can become hazardous in nature. I am aware that I have voluntarily sought permission to ride in a Police Vehicle and observe Police Officers. The Police Officers and vehicle may be engaged in law enforcement activities, some of which will be dangerous and expose me to risk of harm. I agree to abide by the instruction and commands given to me by the officer I am assigned to. I will not interfere with or assist any member of the Mebane Police Department in the performance of their duties without their consent. I understand that while participating in this program. I am an unofficial representative of the Mebane Police Department and will be held accountable for my actions. I will be responsible for the protective equipment issued to me. I understand that my ride can be terminated at any time for failing to follow these condition.

In consideration for the Mebane Police Department allowing me to participate in the above-mentioned program, I _____ (Name) for, my heirs, executors, administrators, agents and assigns, **DO HEREBY VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE CITY OF MEBANE, MEBANE POLICE DEPARATMENT AND HEREBY WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE AND TO HEREBY HOLD HARMLESS** City of Mebane, Mebane Police Department , it's employees, agents, successors, assigns, agents and all others who may be liable , present and future, known or unknown, from any and all causes of action, including, but not limited to, any act of negligence, or the results of any decision made in connection with my care and treatment arising out of my participation in the Ride-Along program. In the event any action is brought against the City of Mebane, Mebane Police Department, it's employees, agents, successors, assigns, and all others, collectively or individually pursuant to any claims released herein, that I agree that presentation of this **LIABILITY RELEASE FORM** constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice. I also acknowledge that **I have NO LIMITING MEDICAL CONDITIONS** and I am fully capable of participating in the Mebane Police Ride-Along Program. This permission is for the purpose of securing benefits for my health and welfare, and expressly includes the MPD to sign releases to physicians who may render emergency medical care and services. I hereby agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse MPD for any expense that may be incurred for my treatment, care, drugs, and other services. I agree that if my behavior is such that it endangers the welfare of others, the MPD may at any time immediately terminate my participation and refuse to allow me further participation in the program.

Mebane Police Department Ride-Along Liability Release Signatures

Applicant Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

For Official Use Only

Name of Officer: _____ Date of Ride-Along: _____

Start Time: _____ End Time: _____

Comments: _____

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Ride Along Requirements

Please read and initial following the statement indicating that you have read it and agree to abide by the requirement.

The officer I have been assigned to ride with has given me a safety briefing and has given me an opportunity to ask questions that may clarify any requirements. _____

I have voluntarily requested to ride as a passenger and observer in a Mebane Police Department vehicle that will be operated by official Law Enforcement personnel performing official duties as a police officer. _____

I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property. _____

I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer. _____

I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer. _____

I understand that I will be required to wear slacks or dress jeans and a collared shirt. I agree to be well groomed and have a neat and clean appearance at all times during my participation in the ride-along program. _____

I understand that failure to abide by the requirements of the Ride-Along program will result in immediate termination of the ride-along and may prohibit me from being considered for any further ride-along. _____

If I am issued any equipment during the ride-along, I agree to keep it safe and to return at the end of the ride-along. _____

Applicant Signature: _____ Date: _____

Officer Signature: _____