

# Fort Smith Police Department Waiver of Liability

Citizen Ride Along       CPA Training       L/E Training       Other

I (print full name), \_\_\_\_\_, (address) \_\_\_\_\_, request permission of the Fort Smith Police Department to participate in and/or to observe the activities of on duty Fort Smith police officers. In consideration of such permission, I agree: to follow all instructions given by any officer; to accept full responsibility for my own safety and well-being; to waive my rights or claims in the event of any accident, incident, or injury, including, but not limited to those that may be the result of negligence on the part of one or more employees of the Fort Smith Police Department. Furthermore, I release the City of Fort Smith, its officers and directors, and all employees of the City of Fort Smith from any and all liability for any injury or loss I might sustain while participating in and/or observing police activities. I understand the physical nature of and the inherent danger of police activities, including training therefore, and I assume all of the risks associated with participating in and/or observing them. I also understand that a criminal record and/or warrant check (and, if applicable, a physician's statement) shall be required before I am allowed to participate in and/or to observe police activities.

I am requesting this privilege because: \_\_\_\_\_ . In the event of an accident or injury, I authorize the Fort Smith Police Department to take me to \_\_\_\_\_ and to notify (name) \_\_\_\_\_ at (phone) \_\_\_\_\_. Before signing this waiver, I have either consulted an attorney of my choice or have knowingly elected not to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_ CPA or LFS: Y or N

DOB \_\_\_\_\_ Male/Female Race \_\_\_\_ SSN \_\_\_\_\_ Ph#: \_\_\_\_\_

Signature of Parent/Guardian (if < 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

### FOR RIDE ALONG APPLICANTS ONLY

Date ride requested \_\_\_\_\_ Date of previous ride \_\_\_\_\_

Citizen's Police Academy graduates, Leadership Fort Smith graduates, or similar educational participants will be permitted to ride once every ninety days. All other persons may ride once a year.

Please circle requested shift.      Troop 1      Troop 2      Troop 3  
5am to 3pm      1pm to 11pm      8pm to 6am

\_\_\_\_\_  
FSPD Supervisor

Approved or Denied (circle) by: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_

If denied, notified by: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

## Fort Smith Police Department Instructions to Persons Riding in Police Unit

*Please read this document carefully. You will not be permitted to participate in the ride along program of the Fort Smith Police Department unless this form and the attached "waiver of liability" are correctly and fully completed. Initial in the blocks provided before each statement. Minors must have their parent or legal guardian co-sign in order to participate in this program.*

	I understand that I must stay in the patrol car at all times unless the officer gives me permission to get out.
	I agree to wear my seat belt.
	I have not consumed alcohol or any other drug or medication in the past twenty-four hours that might impair my ability to function safely.
	I have no health conditions which could create an emergency situation that I have not told the police about. I have told the officers (indicate any health problems of which you are aware such as diabetes, epilepsy, pregnancy, heart condition, etc.): _____.
	I am not carrying any weapon and I know that I may not use any weapon while participating in this ride along program.
	I understand that I may not operate the police radio except in cases of emergency or as directed by the police officer.
	I will not attempt to assist the officer in any manner which may present a threat to my safety.
	I understand that I should avoid any contact with any person that the officer may arrest while I am riding.
	If I am given permission to leave the patrol car to observe the officer working, I will do so only from a safe distance.
	I know that I have no police powers.
	I understand that in the event of any civil or criminal litigation implicating me as a participant in this program, I am not entitled to legal representation from the Fort Smith Police Department.
	My safety and that of the officer are of primary concern, and I will do everything possible to minimize any risks to our safety.
	I agree to wear business casual attire during my ride, and I understand that shorts, t-shirts, and torn or faded clothing are not considered appropriate wear.

**I have read these instructions and initialed each of them. I understand them and I agree to follow them. If for any reason the officer with whom I am riding believes I have failed to follow these instructions, I understand that he may revoke my privilege to continue in the program.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian of Minor: \_\_\_\_\_

*This form is to be attached to the Waiver of Liability Form (FSPD Form 101) and submitted for approval at least 72 hours prior to the ride being scheduled.*