UNIVERSITY PARK POLICE DEPARTMENT
RIDE-ALONG PROGRAM
GENERAL RELEASE FORM

FORM 45.10

KNOWN ALL MEAN BY THESE PRESENCE, that I, _____

Being full age, inconsideration of the privilege hereafter mentioned, do hereby release and forever discharge the State of Maryland, THE Town of University Park, their employees, and their successors, and assign from all debts, claims, demands, damages, actions and causes of action whatsoever which I now have or may hereafter and which may arise by reason of the privilege permitted me by the CHIEF OF POLICE to become a passenger in a police vehicle. The undersigned understands and agrees for the considerations aforesaid, that he will not in any manner hinder or attempt to assist any law enforcement officer in the performance of his official duties, which may occur or ensure during the time he is accompanying an officer on his rounds.

Witnessed that for the considerations aforementioned, undersigned does hereby exonerate and covenant and to hold harmless the State of Maryland and the University Park Police Department, their employees, and, their successors and assigns for any injury or damage resulting by reason of the privilege permitted me as hereinabove set forth.

WAIVER AGREEMENT: I have read and will comply with the above provisions.

Signature of Participant and/or Parent: _____

Signature of Witness and Date: _____

Valid for the following date(s): _____

UNIVERSITY PARK POLICE DEPARTMENT
RIDE- ALONG PROGRAM
APPLICATION FORM

FULL NAME:	
RACE:	DATE OF BIRTH:
ADDRESS:	
NAME OF SCHOOL OR EMPLOYER:	
HOME PHONE:	BUSINESS PHONE:

HAVE YOU EVER PARTICIPATED IN THE POLICE RIDE-ALONG PTGRAM BEFORE?

IF SO FOR WHAT DEPARTMENT:_____

HOW MANY TIMES?

ARE YOU CURRENTLY UNDER DOCTORS CARE?	Yes ☐	No ☐
ARE YOU CURRENTLY TAKING ANY MEDICATIONS	Yes ☐	No ☐

WHAT KIND OF MEDICATIONS?

HAVE YOU READ AND UNDERSTAND THE WAIVER FORM?	Yes ☐	No ☐

STATE THE REASON YOU WISH TO RIDE IN A POLICE VEHICLE:

SIGNATURE OF APPLICANT:_____ DATE:_____

SIGNATURE OF COMMAND OFFICER:_____ DATE:_____

APPROVED( ) REJECTED ( )

CCH/LOCAL CHECK CONDUCTED: Yes ☐ No ☐

NAME OF OFFICER: _____ DATE:_____

DATE OF RIDE:_____

TIME PERIOD FOR RIDE (HOURS)_____

OFFICER CONDUCTING RIDE - ALONG_____