

RIDE ALONG PROGRAM

Welcome to the University of Oregon Police Department Ride Along Program! Please completely fill out both pages of this form and print all of your information clearly. Return the completed form to the UOPD Station at 2141 E. 15th Ave or email the form to the program coordinator, Rachel Dale, at Rachel.Dale@uopd.org. Once your application is received and processed you will be contacted via email. If you have any questions please contact Rachel Dale via email or call UOPD dispatch at (541) 346-2919.

Full Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Social Security #: _____ Driver License #: _____ State: _____

Intended purpose of ride along: _____

List any current medical problems for which you are being treated, past medical problems of which we should be aware, or any potential physical difficulties, which might interfere with entry and exit from a patrol vehicle: _____

List any medications you are currently taking: _____

List two people who can be notified in case of emergency:

1. Full Name _____ Relationship: _____ Phone: _____

2. Full Name _____ Relationship: _____ Phone: _____

Physician _____ Phone: _____

The UO Police Department requires a criminal background check to be granted by the applicant in order to establish security clearance for an observer. Your signature indicates your knowledge and consent for this background check.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(for observers 17 and younger)

Providing the following information is completely voluntary. If you prefer not to provide it, there will be no effect on your observer status.

Caucasian _____ African Am. _____ Native Am. _____ Latino Am. _____ Asian Am. _____

Sex _____ Age Under 21 _____ 21-39 _____ 40-59 _____ 60 or Over _____

For Internal Use Only

Background Completed By: _____ Date: _____ **Approved** _____

Approved/Denied By: _____ Date: _____ **Denied** _____

RELEASE AND AGREEMENT OF INDEMNIFICATION

This document is a Release and Agreement of Indemnification entered this (DAY) _____ day of (MONTH) _____, 20(YEAR) _____ between (YOUR NAME) _____

hereinafter referred to as the Undersigned, and the University of Oregon, State of Oregon hereinafter referred to as the U of O.

RECITALS

The U of O is willing to allow the Undersigned the opportunity to ride with and accompany a UO Police Department officer while in the performance of the officer's duties, such ride being for the purpose of observation.

The Undersigned knows and understands the inherent risks to himself/herself in riding with and accompanying a UO Police Department officer; and the Undersigned does not wish to hold the University of Oregon, its Chief of Police, officers, employees, agents, representatives, or other University of Oregon personnel responsible for any harm or injury.

The Undersigned wishes to deliberately and voluntarily expose himself/herself to all inherent risks and to personally assume the risk of any injuries or damage arising out of or occurring while preparing for, departing from, or riding with or accompanying a UO Police Department officer in a UO Police Department vehicle while in the performance of the officer's duties.

NOW, THEREFORE, the U of O agrees to make available to the Undersigned an opportunity to ride as an observer in a UO Police Department vehicle with a UO Police Department officer of the University of Oregon.

The Undersigned, in consideration of the benefit to him/her, releases from any and all liability and agrees to indemnify and to save and hold harmless the U of O, the Chief of Police, all UO Police Department officers, the UO Police Department, and all agents and personnel of the U of O, from any and all liability, cost, expense, claim, or damage which might otherwise be claimed by the Undersigned or his/her heirs, successors, or assigns, on account of any injury to the person or property of the Undersigned of whatsoever kind arising directly or indirectly out of this observation ride, including but not limited to:

- (1) Automobile accident, no matter which driver is at fault;
- (2) Any injuries arising from any fight, brawl, altercation, riot, or other incidents;
- (3) Any other injuries which may be sustained by the Undersigned at any time while riding or accompanying a UO Police Department officer.

It is not the intention of the Undersigned to, and the Undersigned does not, release any other person who inflicts any injury to the person or property of the Undersigned while the Undersigned is participating as an observer.

The Undersigned further states that he/she has carefully read the foregoing Release and Agreement, and understands the content thereof and signs this Release as his/her free act.

(RIDER SIGNATURE)

(DATE)

(UOPD SUPERVISOR SIGNATURE)

(DATE)

IF THE APPLICANT IS 17 YEARS OF AGE OR YOUNGER:

(PARENT SIGNATURE)

(DATE)

ADULT FORM