



# RIDE-ALONG APPLICATION

Ride-Along guests must be in professional attire, consisting of dress pants, button down shirt or blouse, and flat dress shoes. No recording of any sort allowed during Ride-Along. No exceptions to this standard will be permitted.

Full name \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Residence Address \_\_\_\_\_

Occupation & Business Addr \_\_\_\_\_

Personal Email: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Kin Address \_\_\_\_\_ Kin Ph # \_\_\_\_\_

Why do you want to participate in the Ride Along program ?  
\_\_\_\_\_

Have you been on a Ride-Along with S.B.P.D. previously? \_\_\_\_\_ When? \_\_\_\_\_

**Mark your 1<sup>st</sup> choice with a 1, and 2<sup>nd</sup> choice with a 2:**

day shift (6:00 am): Sun \_\_\_\_\_ Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_

day shift (9:00 am): Tue \_\_\_\_\_ Thu \_\_\_\_\_ Sat \_\_\_\_\_

swing shift (3:00 pm): Sun \_\_\_\_\_ Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_

night shift (8:00 pm): Tue \_\_\_\_\_ Thu \_\_\_\_\_ Sat \_\_\_\_\_

**If you cannot come to your assigned ride-along appointment, you may be required to reapply at a later date. If you fail to show for your ride-along appointment, you may reapply for another appointment in six months.**

**\*\* YOU MUST COMPLETE AND SIGN BOTH SIDES \*\***

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Information provided will be verified and a criminal record check will be conducted. Once approved, the Police Department will contact you by email to inform you of the date and time of your ride-along.

10/22

FOR OFFICE USE ONLY

Date Scheduled \_\_\_\_\_

RAPS: \_\_\_\_\_

Date Completed/Officer \_\_\_\_\_

III: \_\_\_\_\_

Officer Remarks \_\_\_\_\_

PERSON: \_\_\_\_\_

RMS: \_\_\_\_\_

CITY OF SANTA BARBARA POLICE DEPARTMENT  
RIDE ALONG PROGRAM PARTICIPATION AGREEMENT

**RELEASE AND INDEMNIFICATION**

**EACH GUEST MUST COMPLETE AND SIGN THIS FORM BEFORE TAKING A RIDE OR PARTICIPATING IN ANY RIDE-ALONG PROGRAM ACTIVITY**

NAME (Please print) \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

THIS RELEASE AGREEMENT MUST BE READ CAREFULLY BEFORE IT IS SIGNED!

I agree to follow every rule and regulation that applies to the City of Santa Barbara Police Department Ride Along Program (hereafter "Program") and to follow promptly and without disagreement every instruction and direction of the assigned officer during my ride along activity.

I understand that there are risks and dangers in participating in the Program and that in order to participate, I must give up any right that I may have now or in the future to hold the City of Santa Barbara or any of its employees, officers, agents, or independent contractors responsible or liable for any injury or damage that I may suffer while participating in the Program.

Knowing this and in consideration for being permitted to participate in the Program, I hereby agree to voluntarily release the City of Santa Barbara and all of its employees, agents, independent contractors, or officers from any and all responsibility for or liability resulting from or arising from my participation in the Program.

I understand that I am assuming full responsibility for any and all risks of death, personal injury, or property damage that might be suffered by me as a result of my participation in the Program. I agree that this release shall bind me, my spouse, my heirs, my personal representatives, my assigns, my children and their agents. I hereby further agree to release, indemnify, and hold the City of Santa Barbara and its officers, agents, employees, and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from my participation in the ride. I understand that if I were to file a lawsuit against the City or its officers, agents, employees, or independent contractors as a result of any personal injury, including death, and/or property damage suffered by me as a result of participation in the Program, including going to and coming from the Ride along, that this release would bar that lawsuit and that the court would dismiss it on the grounds that, by signing this release, I have expressly assumed all the risks associated with participation in the ride, including the risk of negligent acts or omissions by others.

**I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.**

Signed: \_\_\_\_\_  
(Sign Your Name)

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