

Community Ride-Along Program Application

Application Date:	Requested Date(s) Shift of Ride-Along:	Community Type	<input type="checkbox"/> SDSU Student/Fac/Staff
Special Notes/Needs			<input type="checkbox"/> Other:
			<input type="checkbox"/> Police Officer
			<input type="checkbox"/> DPS Staff:
Applicant Name: (LAST, First, Middle)		Date of Birth:	State ID/Drivers Lic#:
Residential Address:	Home Phone#: ()		
City, State, ZIP Code:	Cell Phone#: ()		
Emergency Contact Name	Home Phone#: ()		
Residential Address: <input type="checkbox"/> Same	Cell Phone#: ()		
Name of Doctor or Medical Facilities in case of emergency transport:	Business Phone#: ()		
Business Address:	Special Instructions:		

Waiver for Personal Injury and/or Property Damage Release and Hold Harmless Agreement

I hereby forever release and discharge San Diego State University, its elective and appointive boards, officers, employees, and agents (hereafter called the "University") for any and all liability, claims, demands or causes of action that I may hereafter have for injury and damages arising out of participating in the Community Ride-along Program of the San Diego University Police Department, including, but not limited to, losses caused by the Passive or Active Negligence of the released parties or Hidden, Latent, or Obvious Defects on or about University Property, in the equipment or vehicles used.

I understand and acknowledge that ride-along activities with the University Police Department have inherit dangers that no amount of care, caution, instruction or expertise can illuminate and I expressly voluntarily assume all risk of death or personal injury sustained while participating in ride-along activities, including the risk of Passive or Active Negligence of the Released Parties; including Hidden, Latent or obvious defects in or around University property or in the equipment or vehicle used by the University.

I understand and acknowledge that police activities can be very dangerous including, but not limited to; exposure to criminals and criminal activity; being involved in an automobile accident, being struck by various objects, being shot at, or even suffering gunshots wound, accidental dog bites, and being subject to other hazards that are associated with law enforcement. Despite knowledge of these potential hazards, and others that are not expressly stated in this release, which I know to be present because of the inherent dangerousness of law enforcement, I agree to voluntarily participate and expressly waive all claims against the University, including those arising from its Active or Passive Negligence. (Continued on reverse page).

**Waiver for Personal Injury and/or Property Damage Release
and Hold Harmless Agreement (Continued)**

I assume the risk of injury or death while riding along with the University Police Department and its employees and I understand that even in the best of conditions, law enforcement is an extremely dangerous activity and many injuries may occur either accidentally or intentionally.

I also agree to defend, indemnify and hold the University harmless from all liability, claims, demands and damages which the University may occur on account of death, personal injury, or property damage to myself and others resulting from my participation in a ride-along with the University Police Department.

I acknowledge that I am in good physical condition; am able to physically participate in the Ride-along Program; and am willing to undertake the ride-along activities at my own risk.

The contents of the document shall be forever binding upon myself and my dependents, heirs, personal representatives and estate.


I have read this entire document, understand its contents, know of its truthfulness thereof, and have been with a copy of same.

I have read the release and despite the risk inherent in such a ride-along participation, I sign this waiver of release without any coercion, or persuasion by others. I do this voluntarily and of my own accord.

I am aware that I may consult an attorney regarding my rights in this matter. I voluntarily waive the right to consult an attorney and agree to sign this waiver.

 _____
Ride-Along Applicant's Signature

Date

 _____
Signature of Ride-Along Watch Commander & ID#


Date

Notes or Special Instructions:

Copy issued to Applicant

**Parents Or Legal Guardians Of Participants Under Age 18
Must Sign This Section And Initial All Signature Areas Above**

I am the parent or legal guardian of the minor named above. I hereby make and enter into each and every representation, waiver, release and indemnity described above on behalf of myself, the minor, and any other parent or guardian of the minor. I intend to give up my right, the minor's right and the rights of any other parent or guardian to maintain any claim or suit against the University arising out of the minor's participation in the Community Ride-Along Program. I believe and represent that I have legal authority to make these waivers and releases and I agree to indemnify the University for all liability arising out of any lack of authority on my part to make such waivers and releases.

 _____
Parent or Guardian's Signature of Applicant


Parent or Guardian's Printed Name

Date/Time

For Department Use Only

Accepted: In Person Mail Copy issued to Assigned Officer: _____

Staff Witness/Receiving Form (print)

 _____
Staff Initials & ID#

Date & Time Received

File Original with Record's Office

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