



SAN DIEGO STATE UNIVERSITY POLICE DEPARTMENT

Ride Along / Sit Along Program Application

Please thoroughly complete **ALL** sections and send to police@sdsu.edu or the mailing address listed below.

Sit Along Request

SDSU Police Department
Attn: Communications Center
5500 Campanile Drive
San Diego, CA 92182-4390

Ride Along Request

SDSU Police Department
Attn: Patrol Lieutenant
5500 Campanile Drive
San Diego, CA 92182-4390

Date: _____

APPLICANT INFORMATION

Reason for request (Check all that apply): Applicant Student / F/S UPD Staff Other: _____

Last Name: _____ First Name: _____ M.I.: _____

Telephone #: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____

State / Zip Code: _____ Driver License #: _____ State: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Telephone #: _____ Relationship: _____

REQUESTED DAY / SHIFT OF PARTICIPATION

| Shift | SUN | MON | TUES | WED | THURS | FRI | SAT |
|-------------|-----|-----|------|-----|-------|-----|-----|
| Day Shift | | | | | | | |
| Night Shift | | | | | | | |

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the San Diego State University Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the San Diego State University Police Department in evaluating my eligibility for participation in the Ride Along/Sit Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents records and other information, and this release shall be binding on my legal representatives, heirs, and assigns.

I have read and understand the background authorization: Initial: _____

DEPARTMENT USE ONLY

Officer / Dispatcher Assigned: _____ Date / Time Assigned: _____

INDEMNITY AND HOLD HARMLESS AGREEMENT

I hereby forever release and discharge the California State University, San Diego State University, its elective and appointive boards, and each of their officers, employees, volunteers and agents (hereafter called the "University"), from 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/Sit-Along Program of the San Diego State University Police Department (hereafter called "UPD"), including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects in or around University property or in the equipment or vehicles used.

I understand and acknowledge that ride-along activities with UPD have inherent dangers that no amount of care, caution, instruction, or expertise can illuminate and I expressly voluntarily assume all risk of death, personal injury, or property damage arising from or in any way connected with participation in ride-along activities, including, but not limited to, the risk associated with the passive or active negligence of the released parties or hidden, latent, or obvious defects in or around University property or in the equipment or vehicles used.

I understand and acknowledge that police activities can be very dangerous, including, but not limited to: exposure to criminals and criminal activity; risk of automobile accidents, being struck by various objects, being shot at, suffering gunshot wounds, being bitten by a dog, and being subject to other hazards that are associated with law enforcement, such as unknown pathogens like HIV, injuries from forcible resistance by suspects, riot or breach of the peace, and fire. 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 dangers of law enforcement, I agree to voluntarily participate and expressly waive all claims against the University, including those arising from its passive or active negligence.

I assume the risk of injury or death while riding along with UPD 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 incur on account of death, personal injury, or property damage to myself or others resulting from my participation in a ride-along with UPD.

I acknowledge that I am in good physical condition, am able to physically participate in the Ride-Along/Sit-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, and have been provided with a copy. I have read the release and despite the inherent risk of such ride-along participation, I sign this waiver of release without any coercion or persuasion by others. I do this voluntarily and of my account.

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

READ BOTH SIDES OF THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements, or indictments have been made to me which are not set forth in this Agreement.

SIGNATURE OF APPLICANT

DATE

FOR DEPARTMENT USE ONLY: Please sign and date when your area is completed

Received By: _____

Background Review: _____

Records Check: _____

Approved: _____

Denied: _____

Comments: _____