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POST FALLS POLICE DEPARTMENT

WAIVER OF LIABILITY

For and in consideration of my being allowed to ride with an officer of the Post Falls Police Department and/or accompany an employee or agent of said entity for my own personal benefit, I do hereby release the City of Post Falls, a political subdivision of the State of Idaho, the Post Falls Police Department, and any and all elected or appointed officials, administrators, officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my riding with and/or accompanying any person affiliated with such persons or entities.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me riding with and accompanying law enforcement persons and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release Post Falls, the Post Falls Police Department, and any and all elected or appointed officials, administrators, officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am accompanying any of the aforementioned persons or entities, whether in or out of a vehicle.

I have read the foregoing and I understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by <u>any</u> person or entity, can void or alter the terms of this agreement.

PLEASE PRINT

***RIDERS* INFORMATION:**

_____ _____ _____
LAST FIRST MI

_____
FULL ADDRESS

_____ _____
PHONE NUMBER DATE OF BIRTH (m/d/yy)

_____ _____ _____
STATE OF DR. LIC. DR. LIC. # SOCIAL SECURITY #

WHAT PROMPTED YOU TO RIDE WITH THE POST FALLS POLICE DEPARTMENT?

_____

_____ _____
Signature of Rider ***Date & Time***

PRIOR TO APPROVAL:
To Be Completed by ECO: K#

- ☐ DQ
- ☐ Criminal History
- ☐ Add /Update Name File
- ☐ Forward to Sergeant

To Be Completed by ECO: K#

- ☐ MI Added
- ☐ Scan Face Sheet to File in MI
- ☐ Original to Records/Chief

Approving Supervisor: K# _____

Employee Assigned to Rider: K#_____

TO BE COMPLETED BY ASSIGNED OFFICER:

K # and Initials:_____

Date of Ride-Along: _____

☐ No Show (Please return to Sergeants box.)

POST FALLS POLICE DEPARTMENT

Click Here to Submit

WAIVER OF LIABILITY (JUVENILE)

For and in consideration of _____, I do hereby release the City of Post Falls, a political subdivision of the State of Idaho, the Post Falls Police Department, and any and all elected or appointed officials, administrators, officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of riding with and/or accompanying any person affiliated with such persons or entities.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with riding with and accompanying law enforcement persons and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release Post Falls, the Post Falls Police Department, and any and all elected or appointed officials, administrators, officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained while accompanying any of the aforementioned persons or entities, whether in or out of a vehicle.

PLEASE PRINT

***RIDERS* INFORMATION:**

_____ _____ _____
LAST FIRST MI

_____
FULL ADDRESS

_____ _____
PHONE NUMBER DATE OF BIRTH (m/d/yy)

_____ _____ _____
STATE OF DR. LIC. DR. LIC. # SOCIAL SECURITY #

WHAT PROMPTED YOU TO RIDE WITH THE POST FALLS POLICE DEPARTMENT?

_____

_____ _____
Signature of Rider ***Date & Time***

Parent or Guardian's Authorization and Release for Minor

I, _____ (full name of parent/guardian), am the parent or lawful guardian of _____ (full name of minor), who has signed the Release of Liability. I authorize _____ (full name of minor), to participate in this program with full knowledge of the terms set forth in said release and join in said release as though I executed it myself.

I understand that the terms of this agreement are contractually and legally binding upon me and the minor person who I have authorized to participate in this program and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

_____ _____
Signature of Parent/Guardian Date and Time

PRIOR TO APPROVAL:
To Be Completed by ECO: K#

- ☐ DQ
- ☐ Criminal History
- ☐ Add /Update Name File
- ☐ Forward to Sergeant

To Be Completed by ECO: K#

- ☐ MI Added
- ☐ Scan Face Sheet to File in MI
- ☐ Original to Records/Chief

Approving Supervisor: K# _____

Employee Assigned to Rider: K# _____

TO BE COMPLETED BY ASSIGNED OFFICER:

K # and Initials: _____

Date of Ride-Along: _____

☐ No Show (Please return to Sergeants box.)

5.24: Ride-Alongs

The ride-along program has been established to allow civilians the opportunity to ride with and observe police officers during their regular patrol shift. Reasonable attempts will be made to provide for the safety of all participants. Riders will normally not be allowed to exit the patrol vehicle while the officer is involved in a call, or traffic stop, unless in the officer's judgment, the rider will be safer outside the vehicle, or there is minimal risk in exiting the vehicle. Participants might observe occurrences or activities during the ride-along, which may require them to submit a written statement and/or testify in court at a later date.

In extreme circumstances the rider, for his or her own safety, may be dropped off in a public place before the officer proceeds to the incident. If such measures become necessary, the officer will notify the communications center and make an attempt to provide safe transportation from the drop location to the police station. If the rider is a juvenile, this may require that the parent or guardian respond to pick the juvenile up.

Appropriate clothing and proper personal hygiene are mandatory for riders. Shorts, skirts, sweatpants, halter-tops, and tank tops are examples of inappropriate clothing. Clothing that bears any obscene or offensive lettering or artwork, or any apparel commonly associated with illegal or gang activity will not be allowed. Firearms or other weapons are not permitted without prior approval from the Chief of Police.

When an officer has a ride along, the following policy is in place:

5.24.1: All riders shall be approved by a supervisor. When the supervisor is on duty, they will sign the waiver form. If no supervisor is on duty, the officer obtaining permission may sign for the supervisor and indicate how permission was obtained.

5.24.2: When available, Field Training officers (FTO) will be assigned riders. Patrol officers with less than one year with the Department are not allowed to have a rider without the approval of a division Lieutenant, Captain or the Chief. The only exception would be another full-time Post Falls Police Department patrol officer.

5.24.3: A KQ and criminal history will be run on all riders before permission is granted for the person to ride.

5.24.4: A "waiver of liability" form shall be filled out and given to the on-duty supervisor each time a person rides. The supervisor will leave the original form on the chief's desk for review along with the KQ and criminal history. In the case that a supervisor is not on duty, it will be the officer's responsibility to leave the form on the Chief's desk.

Employees of the City of Post Falls do not need to complete a "waiver of liability" form. However, a supervisor must approve the ride.

5.24.5: Riders are not to be placed into "active" situations. The rider shall stay in the patrol vehicle until the situation has been defused. At the officer's discretion, after the call has been defused, the rider may leave the vehicle and observe.

5.24.6: Juvenile riders aged 10 through 15 can only ride until 22:00. The Chief of Police must approve any exceptions in advance.

5.24.7: The ride along program is not designed for a person to come out time after time and ride along. A person is limited to two rides per year. A supervisor must approve exceptions to this. It is the supervisor's responsibility to check the in-house name file to see how many times a particular person has been approved for a ride along. (Established April 17, 1997)