



AULT POLICE

Thomas Nissen—Chief of Police

RIDE-ALONG APPLICATION RELEASE AND IDEMNITY AGREEMENT

Name (last, first): _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone Number: (____) ____ - _____ Group or Organization: _____

Please provide a brief description on the reason for your ride-along: _____

What date and shift would you like to ride-along? ____ / ____ / ____ Days Swings Nights

I, _____, being over 18 years of age, do hereby covenant and agree with the Town of Ault, Colorado, the Ault Police Department, and each individual Police Officer and staff member of the Town of Ault, Colorado, that I will never institute any suit, action at law, or make any claim against said Town of Ault, Colorado, the Ault Police Department, and each individual Police Officer and staff member of the Town of Ault, Colorado, for or by reason of damage, loss or injury either to person or property or both, resulting from the privilege of accompanying members of the Ault Police Department while on general duty, and which I, individually may accrue in the future, or which I, my heirs, executors or administrators, hereafter can, shall or may have for, on or by reason of the privilege of accompanying members of the Ault Police Department while on general duty.

And in further consideration of said privilege granted to me, individually, I hereby agree to indemnify and save harmless the Town of Ault, Colorado, and the Ault Police Department against any claim for damages, compensation or otherwise on the part of myself or my heirs, executor or administrators and to reimburse or make good any loss or damage or costs the Town of Ault, Colorado, the Ault Police Department, and each individual Police Officer and staff member of the Town of Ault, Colorado, may have to pay if any litigation arises on account of any claim made by me or anyone on my behalf.

It is further understood and agreed that the undersigned rider expressly reserves all right of action, claims and demands against any and all persons whosoever not herein named.

Signature of Rider

Date

Parent or Guardian Signature (Juvenile)

Date

For Office Use Only:

Print Name (last, first)

Date of Birth

Approved By: _____ Date Approved: _____ Actual Ride Date: _____

Scheduled Date: _____ Officer: _____ Actual Start Time: _____

Scheduled Start Time: _____ Scheduled End Time: _____ Actual End Time: _____