

**Helena Police Department Brett Petty, Chief of Police**406 Fuller Avenue Helena, MT 59601

Phone: 406-447-8479

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 **helenamt.gov**

**HELENA POLICE DEPARTMENT RIDE-ALONG WAIVER**

#  STATEMENT OF ASSUMPTION OF RISK AND WAIVER OF NEGLIGENCE

 HEREAS, the City of Helena and the Helena Police Department have agreed to extend to me the privilege of allowing me to participate in training sessions with officers of the Helena Police Department:

THEREFORE, I, make the following statement and waiver: (please print)

**Date of Birth:**  **SSN:**

* I am fully aware that participation in law enforcement activities is potentially hazardous. While all reasonable and possible safety precautions will be taken, I assume upon myself, alone, all risk of personal injury entailed by this action. Therefore, I hereby waive any cause of action against the officer, his superiors, or the City of Helena, that would otherwise occur to me due to any conduct of the officer in the pursuit of his/her duty and official responsibilities, and I further agree to hold harmless the officer and the City of Helena for any negligence occurring while I am in his/her company.
* Any person under the age of eighteen (18) years old must have a parent or guardian sign the waiver authorizing the youth’s participation.
* Participants may not have weapons, handcuffs, or chemical agents in their possession.

 I am not in possession of a weapon.

(Initial)

 I am not in possession of handcuffs.

(Initial)

 I am not in possession of a chemical agent.

(Initial)

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AGE**\_\_\_\_\_\_\_\_\_\_

 **PARENT/GUARDIAN SIGNATURE (IF UNDER 18)**

Ride Along: Beginning Time: Ending Time:

Officer’s Signature/Date Shift Commander’s Approval/Date

Patrol Lieutenant’s Initials Date

**SPECIAL INSTRUCTIONS (IF ANY) AS APPROVED BY THE CHIEF OF POLICE*:***



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**RIDE ALONG BACKGROUND FORM**

I am requesting to be considered for the citizen ride along program within the Helena Police Department.

I am required to furnish information that this agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

**I hereby release the agency with which I am seeking this opportunity and any organization, company, institution, or person furnishing information to that agency as expressly authorized above, from any liability for damage that may result from furnishing the information requested.**

**Date:**   **20\_\_\_\_.**   **Signature**

**PRINT FULL NAME:**

**Present address:**
 Street Address

 City State Zip

***Contact Phone number for Ride-Along Arrangements:***

**Date of Birth:**  / /
 Mo Day Year

**Driver’s License Number**  **Issuing State**

**Social Security Number**

**Office Use:**

* **Is this person currently applying for criminal justice employment with the Helena Police Dept? \_\_\_\_\_\_. (If yes, they must have a CJIN/NCIC background check done and on file. The purpose code J is used for this background check.) If no, read the following question.**
* **Is this person requesting to ride along as a part of a citizen participation program? \_\_\_\_\_\_ (If yes, they must have a CJIN/NCIC background check done and on file. Their background check should be done with purpose code C)**