



PATROL RIDE-ALONG PROGRAM

REQUEST FOR PERMISSION

I understand the permission to ride in a Sidney Police Department vehicle is a privilege, not a right. As a condition to this privilege, I agree to:

- Conduct myself in a professional manner, not to interfere with the officer or the performance of his/her duties.
- Be dressed and groomed in a manner not to detract from the professional image of the Sidney Police Department.
Casual dress acceptable to the business world is required (**prohibited torn jeans, t-shirts, tank tops, etc.**)
- A Record Check will be conducted.

Date: _____

Name: _____ DOB: ____/____/____ SSN: ____/____/____

Sex: _____ Race: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____

Email Address: _____

Occupation: _____

Reason for Request: _____

I prefer to ride on (Date & Time): _____ with Officer(s): _____

By signing this release, I _____, acknowledge that I am aware that riding in a Sidney Police Department vehicle and accompanying a Sidney Police Department Officer while performing his/her duties carries some inherent risks. The nature of police work itself means that I may become involved in a dangerous situation, a vehicle chase, or any other type of incident in which I may be hurt or property damaged. I also realize that being with a Police Officer does not protect me from these or any other everyday dangers. Understanding this, for myself and my heirs, in consideration of being permitted to participate in the PATROL RIDE-ALONG PROGRAM, I forever discharge and save harmless all employees of the City of Sidney, Shelby County, Ohio and the Sidney Police Department from any and all actions, claims, damages, or injuries arising out of or resulting from any incident occurring while riding in a vehicle owned or operated by the City of Sidney, or while engaged in any aspect of the PATROL RIDE-ALONG PROGRAM in which I am requesting to participate.

Signature _____

Date _____

*****THIS SECTION TO BE COMPLETED BY THE SIDNEY POLICE DEPARTMENT PERSONNEL*****

Record Check completed by: _____ Results: _____

Date of Ride-Along: _____ Shift Assigned: Day Shift ☐ Afternoon Shift ☐ Midnight Shift ☐

AND / OR From: _____ a.m. / p.m. TO _____ a.m. / p.m.

Date _____

Request Approved by _____

Unit # _____