



## ***RULES AND GUIDELINES FOR THE POLICE RIDE-ALONG PROGRAM***

1. Everyone who participates in the Police Ride-Along Program must complete and sign **both sides** of the attached application form.
2. Participants under the age of 18 must have the release and waiver signed by a parent or legal guardian.
3. Persons under the age of 16 will be allowed to participate by special permission and when accompanied by a parent, legal guardian, or a responsible adult.
4. Approval and scheduling will be made through the Field Operations Services Administrative Assistant. The applicant will be notified via email of final approval and confirmation of the date and time of ride-along unless other arrangements have been made.
5. Applicants must present their appointment confirmation email and personal identification to the Field Operations Services Sergeant on the day they are scheduled to ride.
6. Participant's attire should reflect good taste and a professional appearance.
7. No applicant will be permitted to ride with an officer to whom he or she is married, related, dating, or involved in a relationship.
8. No one will be permitted to ride more than once without special permission. Approval can be obtained from the Field Operations Services Captain or the on-duty Field Operations Services Sergeant.
9. Because of the potential for police activity to escalate to a dangerous level, all participants will adhere to the directions and instructions of the officer. Participants will not be taken to the scene of potentially dangerous situations. Under some circumstances, it may be prudent for the officer to drop off a ride-along at a safe location until completion of the call.
10. All riders must agree to not publicly discuss the names of persons involved in police matters. It is essential that statements or evidence on your ride-along be held confidential. No video, photographic, or recording devices are allowed without permission. Note taking is permitted.
11. Participants are scheduled to ride-along Sunday through Thursday with a 1-2 hour duration. Exceptions can be made with the approval of the Field Operations Services Captain or the on-duty Field Operations Services Sergeant.

*San Mateo Police Department  
Field Operations Services  
200 Franklin Parkway  
San Mateo, CA 94403-1921  
(650) 522-7720*

San Mateo Police Department  
Ride-Along Program  
Application Form

Applicant's Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ School: \_\_\_\_\_

My interest for Ride-Along is: \_\_\_\_\_

Emergency Notification Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**COMPLETE REVERSE SIDE OF THIS FORM**

\*\*\*\*\***OFFICIAL USE ONLY**\*\*\*\*\*

Date completed application returned to Field Operations Services: \_\_\_\_\_

Records Check: \_\_\_\_\_ Date and time scheduled to ride: \_\_\_\_\_

Applicant rode on: \_\_\_\_\_ Date \_\_\_\_\_ with: \_\_\_\_\_ Officer's Name: \_\_\_\_\_

\*\*\*\*\***TO BE COMPLETED BY WATCH SERGEANT**\*\*\*\*\*

Application and I.D. verified by: \_\_\_\_\_

Special arrangement request approved by: \_\_\_\_\_

Applicant rode on: \_\_\_\_\_ Date \_\_\_\_\_ with: \_\_\_\_\_ Officer's Name: \_\_\_\_\_

Recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

**CITY OF SAN MATEO POLICE DEPARTMENT RIDE-ALONG PROGRAM  
VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT**

I, \_\_\_\_\_, **HEREBY ACKNOWLEDGE** that I have voluntarily applied to participate in the San Mateo Police Department Ride-Along Program. I have read, understand, and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program. **Initial:** \_\_\_\_\_

**I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS** due to many factors, including the possibility of high speed chases, armed suspects, and potential emotional trauma. **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR, AND RISK OF, BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of the City or otherwise resulting from any aspect of my voluntary participation in the San Mateo Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **Initial:** \_\_\_\_\_

**I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF SAN MATEO**, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from the negligence of the City of San Mateo, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the San Mateo Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **Initial:** \_\_\_\_\_

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JUVENILE RELEASE (if applicant is under 18 years of age.)**

To be signed by the parent or guardian.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT FOR MY CHILD OR TRUSTEE TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF SAN MATEO FROM ALL LIABILITY RESULTING FROM MY CHILD'S OR TRUSTEE'S PARTICIPATION IN THE RIDE-ALONG PROGRAM. I HAVE CAREFULLY EXPLAINED THE RELEASE, ITS SIGNIFICANCE AND THE ASSUMPTION OF RISK TO MY MINOR CHILD OR TRUSTEE. BY SIGNING BELOW, I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE PROGRAM AND AGREE TO BE BOUND TO THE TERMS AND CONDITIONS OUTLINED HEREIN.**

Parent or  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_