



AGREEMENT
GREENSBORO POLICE DEPARTMENT
CITIZEN RIDE-ALONG PROGRAM

I, _____, for and in consideration of the opportunity to ride with and observe a law enforcement officer/employee of the Greensboro Police Department in the performance of his/her duties, do hereby agree as follows:

I acknowledge and understand that by participating in a Ride-Along, I am exposing myself to all risks normally associated with police work, including but not limited to the use of weapons and firearms, motor vehicle collisions, the acts and forcible resistance of criminal suspects, civil disturbances, explosion, electrocution, the escape of radioactive substances, the effects of wind, rain, fire and gas, and vehicular collision, and I freely and voluntarily assume all of said inherent risks, whether or not they are listed above.

I have read the Conditions of Participation section of this form. I agree to abide by said rules and regulations and to follow all instructions of any GPD officer, including but not limited to exiting the GPD vehicle, remaining in or moving towards a location. I further understand that permission granted to ride in a patrol vehicle may be revoked at any time by decision of the patrol officer operating the patrol vehicle, or by any supervisory or command officer.

I hereby waive for myself, my heirs, executors, administrators, or assigns, any and all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while I am riding in Departmental vehicles, observing any operation, or participating in this program in any other manner.

I hereby covenant and agree that I will never instigate any suit or action against the City of Greensboro, its officers, agents, or employees, for damages or loss or injury of any kind for or on account of any damages, loss or injury to my person or property or both which may arise in any manner while I am riding in Departmental vehicles, observing any operation, or participating in this program in any other manner.

This agreement holds harmless the City of Greensboro, its officers, agents and employees for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.

Signature of Participant

Witness

Date

Conditions of Participation

As part of my request to participate in the Greensboro Police Department's Citizen Ride-Along Program, the following considerations will apply:

1. Participation in this program is a privilege and courtesy extended by the Greensboro Police Department. As such, the Greensboro Police Department reserves the right to modify, control, deny, or cancel an individual's participation at any time.
2. The Watch Operations Officer or his/her designee may conduct an inquiry into an applicant's suitability to participate when there are reasonable and documented circumstances which indicate that such participation would not be in the best interest of the Department.
3. Each participant is under the direct and complete control of the officer/employee to which assigned. An officer experiencing difficulty with a participant has the prerogative to discharge the individual at the Watch Operations Center office.
4. All participants will participate in a passenger/observer capacity only. Participants are not permitted to (a) take part in any police action, (b) assist in conducting investigations, (c) operate any police vehicle, (d) handle or possess firearms, mace, or any other police weapons or equipment, (e) use the communications system except in the event of extreme emergency, (f) or perform any other police task or function.
5. In as much as participants reflect the professionalism of the Greensboro Police Department, suitable dress and personal hygiene are required.

I have read and understand the above conditions for participation, and agree to abide by same.

Signature of Participant

Print Full Name: _____

Home address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Cell Phone: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

To Be Completed By Watch Operations Specialist

Officer Assigned: _____ Car Number: _____

Start time: _____ Scheduled End Time: _____

Watch Operations Specialist: _____ Date: _____