



Ride Along Request and Waiver

7.11 Rev 02/21

Instructions:

1. Use the department's [locations page](#) to contact the precinct where the ride along will occur.
2. Ask for the appropriate email address to send the request.
3. Complete the first page of this request and send the file to the email address provided by the precinct.

Requestor Information

Last Name		First Name		Middle
D.O.B.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	ID State	Number	
Address				
Email		Phone	Alt Phone	
Requested Date	Requested Precinct: <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> Other Unit Requested Watch: <input type="checkbox"/> 1st (3a-12p) <input type="checkbox"/> 2nd.(12p-8p) <input type="checkbox"/> 3rd. (8p-3a) <input type="checkbox"/> Other			

Parent/Guardian Information (if requestor is under 18)

Last Name		First Name		Middle
D.O.B.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	ID State	Number	

WAIVER OF LIABILITY

(Signed at time of ride along)

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Seattle Police Department by riding in a vehicle operated by members of the Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity; recognizes and assumes any and all risks pertaining there to, and hereby releases the City of Seattle, its officials, officers and all other personnel of the City of Seattle from any and all liability whatsoever for any injuries, damages and claims the undersigned, his/her heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Seattle Police Department. Further the undersigned acknowledges that they will have their name checked for warrants and checked for criminal records prior to being approved for participation in the ride along program.

IN WITNESS WHEREOF and, intending to be legally bound thereby, the undersigned affixes his/her hand at Seattle, Washington, this ____ day of _____, 20____.

Signature _____

Parent/Guardian (if requestor is under 18) _____



Ride Along Request and Waiver

7.11 Rev 02/21

Reviewing Precinct or Section Captain

Approved to process request: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Serial
Parent/guardian contacted if requestor under 18: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Precinct or Unit Staff

Previous ride along files checked: <input type="checkbox"/> Clear <input type="checkbox"/> Other	
Contact Attempt Date	Comments
Scheduled Ride Along Date	Watch or Time
Comments	

Sergeant

Name	Serial	Call Sign
Records checks on day of ride along:		
WACIC/NCIC Warrants: <input type="checkbox"/> Clear <input type="checkbox"/> Warrant (attach copy)		
NCIC III Criminal History: <input type="checkbox"/> Clear <input type="checkbox"/> Criminal History (attach copy)		
Comments:		
Assigned to Officer	Serial	Call Sign

- Sergeant: 1. Print completed form.
 2. Have observer sign waiver.
 3. Scan/email signed waiver or send hard copy back to captain via chain of command for archiving.