



## REQUEST FOR UAF POLICE RIDE-ALONG

First, middle, Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License number and state of issue: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (Full Name, address, phone number, relationship): \_\_\_\_\_

Preferred Day(s) of week: \_\_\_\_\_ Preferred times: \_\_\_\_\_

Preferred Officer (if any): \_\_\_\_\_ Reason for Ride Along: \_\_\_\_\_

Do you have any needs that require consideration: \_\_\_\_\_

Are you an employee of the University of Alaska: \_\_\_\_\_

**\*\*\* LEGAL NOTICE- PLEASE READ BEFORE SIGNING\*\*\***

This form must be completed and returned to the UAF Police Department at least 72 hours before the date requested. Submittal of form does not mean the request has been approved. Back ground checks will be performed on all requesters prior to the approval to participate. You will be contacted by UAFPD to inform you of request status. During that contact, the date, time and officer assignment will be established if the request has been approved. Ride Along applicants will be given a safety briefing at the time of the ride along. Any questions concerning ride- alongs should be addressed to Lt Kyle Carrington at 474-7721.

Riders are expected to be physically able to handle themselves in the event of an emergency or critical incident. Please clearly indicate any special needs or conditions that may impact this ability. A photo ID must be provided at the time of the ride along.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## UAF Police Department Ride-Along Agreement

**\*Please read and initial the following statements. Every person going on ride-alongs must sign the UAF Police Department Ride-Along Agreement and the University of Alaska Release Agreement.\***

\_\_\_\_ The officer I have been assigned to ride with has given me a safety briefing and the opportunity to ask questions that may clarify any requirements (initial at time of ride along).

\_\_\_\_ I have voluntarily requested to ride as a passenger and observer in a UAFPD vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.

\_\_\_\_ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

\_\_\_\_ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer.

\_\_\_\_ I understand the equipment assigned to an officer and the vehicle in which I will ride is for the purpose of aiding the officer in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.

\_\_\_\_ I understand that failure to abide by the above requirements will result in immediate termination of the ride-along, can prohibit me from future ride-along consideration and could result in injury, death, civil liability or, if I intentionally interfere with police activity, could result in criminal charges against me.

\_\_\_\_ I understand that a back ground check will be performed before I am allowed to participate.

**\*\*Ride Along's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH TO ME AND TO PROTECT THE UNIVERSITY AND OTHERS FROM ANY SUCH CLAIMS WHICH MAY BE BROUGHT (AGREEMENT)

THIS SECTION TO BE COMPLETED BY UA DEPARTMENT
Department Name:
Faculty/Staff Contact Name: Phone:
Name of Course/Activity: Date(s):
List Activities:

I, \_\_\_\_\_, being 18 years of age or older, have decided to participate in the above referenced Activity or Course. I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards, which may be encountered in the above mentioned Activity or Course, which may include or result from the negligence or gross negligence (herein collectively referred to as "fault") of the University of Alaska or my fellow students. With this in mind, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS, DANGERS AND HAZARDS which I may encounter during my participation in, and transportation to, from or as a part of, the Activity or Course. In addition, I declare that I intend to be financially responsible for any death or injury that may occur to me during or as a result of such participation or transportation.

Further, in consideration of being permitted to participate, I hereby agree to release the University of Alaska, its Board of Regents, officers, agents, and employees, (Released Parties) from all liability and claims of any kind, including claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or support of family, occurring during or as a result of participation in, or transportation to, from or as a part of, this Activity or Course (Claims). This Release applies even if such Claims are based on the fault of Released Parties.

Further, I promise to indemnify and hold harmless the University of Alaska, and pay its costs of defense, if Claims are brought by me or anyone else against any of the Released Parties to recover money damages related to injuries or death to me. This promise applies even if the Claims are based on the negligence or gross negligence of the University or other related parties.

I understand that special personal medical and accident insurance may be available to me, upon my request at my expense, through University of Alaska managed plans or otherwise, and that any obligation to purchase insurance is entirely mine.

I have entered into this Agreement on the basis of my own information and not in reliance upon representations of the University or other Released Parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this Agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I represent that I have knowingly and voluntarily signed this Agreement with the intent that it be a legally binding document designed to protect the University of Alaska and other Released Parties from all Claims which could be brought by myself or anyone else on account of injury or death to me, regardless of cause or fault.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_