



Canby Police Department
122 North Holly Street Canby OR 97013
Phone 503-266-1104 Fax 503-266-9316

CIVILIAN RIDE-A-LONG APPLICATION

Name: _____ Date of Birth: _____ Driver's License Number: _____
Address: _____ Phone Number: _____
E-mail Address: _____ Date/Shift Preferred: _____

Applicants interested in riding with a Canby Police Officer during a patrol shift must read and complete this application and return to the Canby Police Department. The applicant's name will be checked for the following: criminal history, driving status, and warrants. Applicants may be subject to refusal based on the information received.

The applicant will ride as a passenger in a motor vehicle owned by the City of Canby and operated by an employee of the Canby Police Department. Such transportation is furnished to the applicant purely gratuitously, as a revocable privilege, so that applicant may observe the Patrol Division of the Canby Police Department. Routine patrol duties may involve the operation of police vehicles in emergency conditions as authorized emergency vehicles as defined by ORS 483.002. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and rules of the road, etc. Determination of when to operate police vehicle as an emergency vehicle is within the sole discretion of the Canby Police Department and its officers.

Police work involves by its nature many hazards beyond the power of the police department and its officers to control. At all times while riding as a patrol observer, the applicant agrees that he/she will, without question or hesitation, abide by the directions of the Canby Police Department given by its officers; and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.

The applicant recognizes that in an emergency a police officer may not be able to both perform his/her duty and dismiss the applicant from his/her presence, thereby subjecting the applicant to the same risks as are presented to the officer. The applicant recognizes that he/she must and does assume that risk. The applicant authorizes Canby Police Department to seek medical assistance, to include first aid and/or ambulance services, if necessary. It is also understood that the applicant will be financially responsible for any medical expenses incurred.

In consideration of the acceptance of this application and granting by the Canby Police Department of the privilege of acting as a patrol observer, the applicant does hereby forever release, discharge and acquit the City of Canby, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with my participation.

The applicant declares that he/she has carefully read and fully understands the foregoing; and by his/her signature affixed hereto, accepts the same and assents thereto in its entirety.

DATE: _____ APPLICANT SIGNATURE: _____

Parent or guardian must sign the following if the applicant is under 18 years of age:

I, _____ being the parent or legal guardian of the above applicant, do hereby certify that I have carefully read and fully understand the foregoing application. I do hereby personally and on behalf of the said applicant accept and assent to his/her participation under the terms, stipulations and conditions set forth in the application including the CONSENT TO MEDICAL ASSISTANCE and the RELEASE OF LIABILITY set forth therein.

DATE _____ PARENT/GUARDIAN _____

Date Rcvd.: _____	Records Check by: _____	<input type="checkbox"/> No information	<input type="checkbox"/> Review attached
Reviewing Supervisor: _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Officer Assigned: _____	Date/Shift Assigned _____		