



# CANBY POLICE DEPARTMENT

## CIVILIAN RIDE-A-LONG APPLICATION

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date and Shift Applicant Wishes to Ride: \_\_\_\_\_

The applicant interested in riding with a Canby Police Officer during an actual patrol shift must first complete this application and turn it into the office. The applicant's name will be checked via computer for the following: criminal history, driving status, and warrants. Based on the information received, applicants are subject to refusal.

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

(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; and 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 said application, including the CONSENT TO MEDICAL ASSISTANCE and the RELEASE OF LIABILITY set forth therein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN

DEPARTMENT USE ONLY:

Date Rec'd _____	Processed By _____	Approved <input type="checkbox"/>
		Denied <input type="checkbox"/>
Reviewing Supervisor _____		
Officer Assigned _____	Date/Shift Assigned _____	