



# Ellensburg Police Department

## Ken Wade, Chief of Police

### RIDE ALONG REQUEST & WAIVER

#### Rider Information

Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ Best Way to Contact You? Phone  or Email

#### Ride Information

Date Requesting to Ride: \_\_\_\_\_ Time Requesting to Ride (Day or Evening Shift – 4hrs Max): \_\_\_\_\_

Officer Requesting to Ride With (Optional): \_\_\_\_\_

*Requests to ride along with an EPD Officer must be received with at least (5) days' notice. Priority is given to riders who have not done a ride along before. Only one ride along is allowed in a calendar year. The shift supervisor will call or e-mail upon receipt of the request to confirm/deny ride along. Requests may be denied without cause or justification.*

\*\*\*Riders are to dress in business casual attire, including practical footwear\*\*\*

#### Rider Waiver

**I hereby waive any claim against any officer of the Ellensburg Police Department and the City of Ellensburg for any loss, damage, or injury, including medical expenses which might arise or for which I may be liable, resulting in participation of a ride along with the Ellensburg Police Department.**

*I declare under penalty of perjury under the laws of the State of Washington that I have read and understand the above waiver and that the information I have provided above is true and correct to the best of my knowledge.*

**\*Completed ride along waivers will be kept in an EPD database to track ride along requests.\***

Rider Signature: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ (required if rider is under the age of 18)

**\*For Office Use Only\***

**Shift:** \_\_\_\_\_

**Records Check:** Local  NCIC  WWCIC  JABS

**Shift Supervisor:** Date Rider Completed Ride Along: \_\_\_\_\_ Hours Rode & Start Time: \_\_\_\_\_

Rider Rode With: \_\_\_\_\_