



# WHEATLAND POLICE DEPARTMENT DECLARATION OF ASSUMPTION OF RISK AND ASSUMPTION OF LIABILITY

## READ THIS DOCUMENT IN FULL BEFORE SIGNING

I, \_\_\_\_\_ the undersigned declare as follows:

I am \_\_\_\_\_ years of age and I am not a member of the Wheatland Police Department. I have made a voluntary request to participate in the Ride Along Program of the Wheatland Police Department, during which, I understand I will accompany any member of the Wheatland Police Department to whom I am assigned during the performance of his/her duties, which may include riding with said officer in a police vehicle.

I understand that the Wheatland Police Department will allow me to participate in the Ride Along Program only on the condition that I assume the risks involved in the participation and that I will release the City of Wheatland, its officers, agent, and employees from liability, as specified below, and I agree to participation in the Ride Along Program on these conditions.

I understand that the duties of members of the Wheatland Police Department are inherently dangerous and that I may be subjected to the risk of death, personal injury and/or damage to my personal property during my participation in the Ride Along Program. I further understand that such risks may arise from, but not limited to, the use of weapons, firearms, acts of forcible resistance from criminal suspects, civil disturbance, explosion, electrocution, the escape of hazardous or radioactive materials, the effects of wind, fire, gas, and/or vehicular collision, and I freely and voluntarily assume all of the known and unknown inherent risks whether or not they are listed above.

In consideration of my being permitted to participate in the Ride Along Program, I hereby for myself, my heirs, executors, and administrators, release the city of Wheatland, its officers, agents, and employees from any and all liability for any damage and/or injury which I may receive while participating in the Ride Along Program.

I further stipulate and agree, while participating in the Ride Along Program, to be bound by all orders, rules and regulations concerning my participation and to promptly obey all instructions of any police officer to whom I am assigned.

I have read and understand the content of this document and sign below of my own free will. I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at Wheatland, California.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness if Applicant is under age 18



**WHEATLAND POLICE DEPARTMENT**  
**207 MAIN STREET, WHEATLAND, CA 95692**  
**TEL: (530) 633-2821 FAX: (530) 633-4033**

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**CITIZEN RIDE ALONG APPLICATION**

Application date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address (City, State, Zip): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
California Driver's License Number: \_\_\_\_\_ Out of State Driver's License Number: \_\_\_\_\_  
Please list any other names used: \_\_\_\_\_  
Pertinent medical history (Allergies, chronic conditions): \_\_\_\_\_  
\_\_\_\_\_

Ride day and time preference: \_\_\_\_\_

WPD Policy 410.2.2 states that any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be work in the police vehicle. The Watch Commander or field supervisor may refuse a ride along to anyone not properly dressed.

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**NOTIFICATION IN CASE OF EMERGENCY**

Name: \_\_\_\_\_  
Address (City, State and Zip): \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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For office use only – Do not write below

Date scheduled to ride: \_\_\_\_\_ Shift/Hours: \_\_\_\_\_ with Officer: \_\_\_\_\_  
Record Check clear? Yes[ ☐ ] No[ ☐ ] Criminal History clear? Yes[ ☐ ] No[ ☐ ]

Ride Along approved by: \_\_\_\_\_