



# Department of Public Safety Risk and Release of Liability

Officer Use Only
Inc. #
Officer ID:

(READ THIS DOCUMENT IN FULL BEFORE SIGNING)

I, \_\_\_\_\_ the undersigned declare the following. I am \_\_\_\_ years of age and not a member of the Dixie State University Police Department. I have made a voluntary request to participate in the “Ride-Along Program” of the Dixie State University Police Department. I will accompany any member of the Dixie State University Police Department to whom I am assigned during the performance of their official duties, which may include riding with said officer in a police vehicle, and being present at the scene of criminal investigations or other emergencies.

I understand that the Dixie State University Police Department will allow me to participate in its “Ride-Along Program” only on condition that I agree that I release Dixie State University Police Department and Dixie State University, its officers, agents, and employees from all liability, and agree to these conditions.

I understand that the duties of members of the Dixie State University Police Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or of damage to property during my participation in the “Ride-Along Program.” I further understand that said risk may arise from, but not limited to, civil disturbances, explosions or shootings, the effects of wind, rain, fire, and gas; assaults and/or battery, may be exposed to Hepatitis, Tuberculosis, HIV, chemicals and vehicle collision; and I freely and voluntarily assume all of said inherent risk; whether or not they be listed herein.

In consideration of by being permitted to participate in the “Ride-Along Program”, I agree to be bound by all orders, rules, and regulations concerning my participation; to promptly obey all instructions of any police officer to whom I am assigned; and to release Dixie State University, its officers, agents, and employees from any and all liability arising out of my said participation. I have read and understand the contents of this document and I fully assume such risks and sign this document of my own free will. I declare, under penalty of perjury, that the foregoing is true and correct. As an applicant to participate in the Dixie State University Police Department “Ride-Along Program”, I hereby, authorize the Dixie State University Police Department to conduct a criminal background investigation. I understand that such background investigation is being conducted due to the nature of the work done by the Dixie State University Police Department.

I understand that all available police and criminal records will be checked and that information will be used in determining eligibility for applicants for the “Ride-Along Program”. All information is to remain confidential as required by Utah and Federal Statutes.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Dixie State University, St. George, Utah.

**(Turn-over and complete)**



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Name:		DOB:	Social Security #:		
Address:			City:	State:	ZIP:
Home Phone:	Work Phone:		Cell Phone:		
Driver's License #:		Occupation:			
Health Information (List any health problems):			Email:		
Briefly describe why you would like to participate in the Ride Along program.					
EMERGENCY CONTACT					
Name:		Relationship:	Address:		
Home Phone:	Work Phone:		Cell Phone:		
FOR DEPARTMENT USE ONLY					
Officer Name & Badge #:		Shift:	Notes:		
Approving Supervisor & Badge #:				Date of Ride-Along:	
<input checked="" type="checkbox"/> Spillman:	<input checked="" type="checkbox"/> Warrants:	<input checked="" type="checkbox"/> Juvenile:	<input checked="" type="checkbox"/> UCH:	<input checked="" type="checkbox"/> III:	
Email Sent:	Invite Sent:	Ride-Along Entry in Spillman:			