

SAPULPA POLICE DEPARTMENT  
CITIZEN RIDE-ALONG PROGRAM  
HOLD HARMLESS AGREEMENT

Both sides of this form  
must be completed.

**INSTRUCTIONS:** Complete both front and back (stating your reasons for participation in this program) on this form, sign where indicated and have your signature notarized and return Agreement to the Sapulpa Police Department.

I \_\_\_\_\_, wish to observe members of the Sapulpa Police Department perform their duties. This observation will include riding in police vehicles with members of the Sapulpa Police Department. These activities may include situations where I may suffer damage to my person or property.

I am freely and voluntarily requesting permission to participate in the Ride-Along program. This program does not entitle me to, nor am I requesting any compensation. I certify that any services I will perform during the Ride-Along program are done voluntarily. I understand that permission to participate in this program may be revoked at any time.

In consideration of the above granted authority to observe and for other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Sapulpa and the Sapulpa Police Department harmless. I agree to indemnify the City of Sapulpa, the Sapulpa Police Department, their agents and employees from any and all claims, damages, losses and expenses arising out of the above described observation, and related activities, which includes bodily injury, illness or death, and/or the loss of use of property. I have informed my spouse/parent/guardian of my intention to participate in the Ride-Along program. My spouse/parent/guardian agrees to also hold the City of Sapulpa and the Sapulpa Police Department harmless. My spouse/parent/guardian approves of my participation by his/her signature below. **NOTE: You will be notified if not approved to participate in the Ride-Along Program.**

I understand and agree that I am subject to a criminal background check prior to participating in this program.

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Participant's Name (Please Print)

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Phone Number

-----  
Name of Officer You Want to Ride With

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Date/Time You Want To Ride (Must Be Completed)

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Participant's Signature

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Signature Spouse/Parent/Guardian (If applicable)

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Address

-----  
Date of Birth

-----  
City

-----  
State

-----  
Zip

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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My Commission Expires:

-----  
NOTARY PUBLIC

APPROVED:

-----  
Chief of Police

-----  
DATE

-----  
Division Commander

-----  
DATE

SAPULPA POLICE DEPARTMENT  
CITIZEN RIDE-ALONG PROGRAM

I wish to participate in the Citizen Ride-Along program for the following reason(s):

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Signature

Factors that may be considered in disqualifying an applicant include, but are not limited to: Being under 16 years of age, Prior criminal history, Pending criminal action, Pending lawsuit against this Department or the City, Denial by any supervisor for reason of action.

**SUITABLE ATTIRE:**

Any person approved to participate in a ride-along is required to be suitably dressed in a collared shirt, blouse, or jacket, slacks, suitable jeans and shoes. Sandals, t-shirts, tank tops, shorts and ripped or torn pants are not permitted. Hats and ball caps will not be worn without the express consent of the Shift Supervisor. The Shift Supervisor may refuse a ride-along to anyone who is not dressed appropriately.