RIDING ALONG WAIVER AND EXPRESS ASSUMPTION OF RISK

WHEREAS, I _________________________________, being over the age of eighteen years, or having consent of a parent/guardian if under the age of eighteen, and not being a member of the University of Nevada, Reno Police Services, have made a voluntary request to ride as a guest in a University Police Services vehicle and to accompany a member or members of University Police Services during the performance of their duties. I agree:

- That I am aware that the work of University Police Services is inherently dangerous and that I may be subject to the risk of death or personal injury, or damage to my property by accompanying police officers/s while on duty. I freely, voluntarily and with such knowledge assume the risk of death, personal injury and/or property damage arising from, or in any way connected with the use of vehicles, weapons, unlawful acts of force or forcible resistance by violators of the law or suspected law violators. I also assume the risk of assault, riot, breach of the peace, fire, explosion, gas, electrocution, radioactive substances and every other dangerous situation that may occur in the course of said ride-along.

- That the State of Nevada, the Nevada System of Higher Education, the University of Nevada, Reno, University Police Services, the Chief of Police, all members of University Police Services, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or to my property, while riding in any University Police Services’ vehicle or while accompanying any member/s of University Police Services and resulting from any neglect, act or omission on the part of any member of University Police Services whether within or outside of their scope of employment. I expressly relieve as such putative defendants from any duty of care to my person or property and consent to bear the consequences and risks of being a participant in this program.

- For myself, my heirs, executors, administrators and assigns to defend and indemnify the State of Nevada, the Nevada System of Higher Education, the University of Nevada, Reno, University Police Services, the Chief of Police, all members of the University Police Services, and each of them, against any and all manner of actions, cause of actions, suits, debts, claims, demands, or damages or liability of expense of every kind and nature incurred or arising by reason of actual or claimed negligent or wrongful act or omission on my part while riding in any University Police Services vehicle or while accompanying any member/s of University Police Services.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

____________________________________  ____________________________________________
PRINT NAME                                                                         SIGNATURE     DATE

_______________________________________         ______
PARENT/GUARDIAN NAME (if under the age of 18)  PARENT/GUARDIAN SIGNATURE                   DATE

*Note: also complete the back side of this form.*
REQUEST FOR RIDE-ALONG

NAME:__________________________ DATE OF BIRTH:__________________________
SOCIAL SECURITY NUMBER:__________________________ SEX:_________ RACE:______
DRIVER’S LICENSE/STATE ID#:__________________________ STATE: ______ EXP. DATE:_____
TODAYS DATE:__________________________ CONTACT NUMBER:__________________________
DAY/DATE RIDE-ALONG DESIRED:____________________________________________________
SHIFT OR TIME RIDE-ALONG DESIRED:__________________________________________________
SPECIFIC OFFICER REQUEST, IF ANY:_________________________________________________
BRIEFLY DESCRIBE WHY YOU WANT TO PARTICIPATE IN THE RIDE-ALONG PROGRAM:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

FOR DEPARTMENT USE ONLY

☐ DMV ☐ NCIC ☐ NCJIS

____________________________________________________
RECORDS PERSONNEL CONDUCTING CHECKS

Supervisor approval:
(specific shift or time)

____________________________________________________
Signature Date/Time

Or, if unavailable

Supervisor approval:

____________________________________________________
Signature Date/Time

Chief of Police or
Assistant Chief of Police
Approval:

____________________________________________________
Signature Date/Time