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**LITTLETON POLICE DEPARTMENT**  
**RIDE-ALONG PROGRAM APPLICATION**

As part of a continuing effort to promote community-police understanding and cooperation, the Littleton Police Department has implemented a Ride-Along Program. This program is open to any resident of Littleton who is eighteen years of age or older.

Participants in this program are assigned to a patrol division officer. After a brief orientation at the Police Station, the participant rides with the officer in a patrol car and accompanies them to all calls for service and assignments. There are certain calls which we feel may be potentially dangerous. If the officer should have to respond to such a call, the participant will be required to remain in the patrol car or will be let out at a safe location prior to arrival at the potentially dangerous call.

The Ride-Along program serves two purposes. First, it is hoped that exposure to the duties of a police officer will bring citizens a clearer understanding of the officer's role in our City and in today's society. For this reason, questions are encouraged, and every effort will be made to explain the officer's duties, responsibilities, and activities.

Second, the Department feels that for an officer to competently function in the community, they should know the people they serve. The one-to-one relationship of the Ride-Along Program serves to promote this objective.

For insurance purposes and to protect the City and its employees, participants must complete the attached Waiver and Release of Liability form. Once completed, please return this form to the Littleton Police Department for processing.

Date participant wishes to ride: \_\_\_\_\_  
(select a date not sooner than two weeks from today)

Time participant wishes to ride (check block): ☐ 7:00 a.m. to 10:00 a.m.

☐ 6:00 p.m. to 9:00 p.m.

☐ 9:30 p.m. to 12:30 a.m.

Please be advised that business attire is required. Jeans are NOT permitted. The Shift Supervisor may cancel permission to ride based upon the appearance of the rider. Legal identification MUST be presented when applying for the Ride-Along Program AND when reporting for the ride. Recording devices of any kind are not allowed on the ride.



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## **WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION OF the risk of injury that exists while participating in the Littleton Police Department Ride-Along Program (hereinafter "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same,

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively "Releasor," "I," or "me,") knowingly and voluntarily enter into this WAIVER and RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participating in the Activity; and

I HEREBY release and forever discharge the City of Littleton, located at 2255 W. Berry Avenue, Littleton CO 80120, their elected and appointed officials, officers, agents, and employees (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the Activity.

I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to, and shall, indemnify and hold harmless the Releasees against any and all claims, damages, liability, or court awards, including costs and reasonable attorney fees that are or may be awarded as a result of any loss, injury, or damage sustained or claimed to have been sustained by me or anyone on my behalf. By demanding this right to indemnification, the City of Littleton in no way waives or limits its rights under the Colorado Governmental Immunity Act, C.R.S. § 24-20-101, et. seq.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I



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authorize City of Littleton to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I certify that I am physically fit, am able to participate in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE OF LIABILITY" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE CITY OF LITTLETON AND ALL OF ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE CITY OF LITTLETON FOR PERSONAL INJURY OR PROPERTY DAMAGE.

THIS AGREEMENT was entered into completely of my own free will and I understand I am not required or expected to participate in the Activity, but rather it is being offered to me on a completely voluntary basis and my wish to be involved in such Activity. I agree that this Release shall be governed for all purposes by Colorado law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

**EMERGENCY CONTACT(S):**

In the event of an emergency, please contact the following person(s) in order:

|   | Name | Relationship | Phone Number |
|---|------|--------------|--------------|
| 1 |      |              |              |
| 2 |      |              |              |

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM 18 YEARS OF AGE OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENTS AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT



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THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT  
OF MY OWN FREE WILL.

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_