

OWASSO POLICE DEPARTMENT ONE TIME RIDE ALONG

Whereas, the undersigned desires to observe members of the Owasso Police Department perform their duties, and

Whereas, such observance will include riding in police cars with members of the Owasso Police Department during regular police activities, and

Whereas, the above activities may entail situations when the undersigned may suffer bodily injury and/or damages to his/her property,

Therefore, in consideration of the above granted authority to so observe and other good and valuable considerations, the undersigned, his/her assigned heirs, executors, or agents hereby, agree to hold harmless the City of Owasso, and the Owasso Police Department, their agents and the employees from any and all claims, damages, losses, and expenses arising out of the above described observations and related activities; related to property damage, property loss, psychological damage, bodily injury, illness or death.

Read the entire form, complete it, sign and have your signature notarized. Be sure to indicate your reason for wanting to participate in the program.

YOUR NAME (LAST, FIRST, MIDDLE)	HGT	WGT	HAIR	EYES	RACE	GENDER
ADDRESS, CITY, STATE, ZIP	AGE	DATE OF BIRTH		SOCIAL SECURITY NUMBER		
EMPLOYER/SCHOOL NAME	HOME PHONE		CELL PHONE	BUSINESS PHONE		
EMPLOYER ADDRESS, CITY, STATE, ZIP	DRIVER'S LICENSE NUMBER		STATE	EMERGENCY CONTACT		

The reason I wish to participate in the Owasso Police Department ride along program is:

Referred by officer: _____

Officer signature: _____

Signature

Print Name

(NOTARY SEAL)

Signed and sworn before me this _____ day

of _____, 20____ Commission # _____

Notary Signature

OFFICIAL USE ONLY

NCIC 44 Check _____
FBI III Check _____
OSBI Check _____
NLET Check _____
Local Record / 44 _____
TRACIS / 44 Check _____
OK DOC _____

Completed by _____
Completed by _____
Completed by _____
Completed by _____
Completed by _____
Completed by _____
Completed by _____

Approved: _____
Administration

Date: _____

Denied: _____

Officer referral must be confirmed with the officer, record check must be completed, and this form must be approved prior to ride along. The approved form must be located and verified by the officer allowing the ride along prior to subject participation. Only one ride along may be permitted for each individual, per each calendar year (certain exceptions can be made by the Chief of Police). Ride along must be completed within one month of postdated approved confirmation letter from the Owasso Police Department.

DATE/TIME OF RIDE ALONG: _____ OFFICER SIGNATURE: _____