

# MORRIS PLAINS POLICE DEPARTMENT

531 Speedwell Avenue, Morris Plains, NJ 07950

(973) 538-2284 Fax (973) 538-3382

**Michael M. Koroski**

Chief of Police

## Medical Consent Form

### Emergency Contact Information

I authorize the Borough/Township of \_\_\_\_\_ to procure medical treatment for me (and/or my child if applicable) in the case of emergency, at my own cost and expense. I understand the Borough/Township will make a reasonable attempt to notify the emergency contact/s I have designated below, in the event of an emergency.

Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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## **Agreement Assuming Risk of Injury and Damage Waiver and Release of Claims and Indemnity Agreement**

I, \_\_\_\_\_ request that the Morris Plains Police Department allow me to accompany a member or members of the Police Department during the performance of their official duties.

I do hereby agree:

1. That I am aware that the work of the Morris Plains Police Department is inherently dangerous and that I may be subjected to the risk of death, personal injury, or damage to my property, by accompanying a member or members of the department during the course of their official duties;
2. That I voluntarily and knowingly assume the risk of death, personal injury, or property damage, arising from or in any way connected with the use of vehicles, weapons, unlawful acts, or forcible resistance by law violators, or suspected law violators, fire, explosion, gas, electrocution, or injury in any other way, while accompanying a member or members of the department during the performance of their official duties;
3. That the Borough of Morris Plains, its Police Department, its officers, agents and employees shall not be responsible or liable for any injury, damage, loss, or expense, either to me or my property, incurred while accompanying any member or members of the Police Department during the performance of their official duties, whether resulting from any negligent act or omission on the part of any member of the Police Department or any member of the public;

## MORRIS PLAINS POLICE DEPARTMENT

4. That the Police Department is not assuming a special duty to me;
5. That I agree to a criminal history and Department records check completed for the purpose of ensuring that I am not a risk or potential conflict to any member of the Police Department, or its ongoing investigations, and
6. For myself, my heirs, executors, administrators and assigns, to defend and indemnify the Borough of Morris Plains, its Officers, agents and employees, against any and all manner of actions, causes, suits, debts, claims, demands or damages, or liability, or expenses of every kind and nature, incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine, while accompanying any member or members of the Police Department during the performance of their official duties.

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

**CAUTION: YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. READ THIS DOCUMENT IN FULL BEFORE SIGNING.**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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## Ride-Along Program Application & Regulations

1. All observers shall execute a signed waiver of liability. Persons under 18 years of age shall sign the waiver themselves, along with one parent or guardian (who shall be riding with the juvenile). This form and the waiver form must be signed and submitted in person prior to being scheduled for a ride-along.
2. Observers are expected to arrive at the Morris Plains Police Department at their scheduled time and will be returned to the station at the designated completion time.
  - a. Exceptions will be made if the observer desires to be returned to the station prior to the end of the shift.
3. If the ride-along participant is unable to meet their scheduled time, they must call the Department's main telephone number, notifying the Officer-In-Charge, through the County Communications Center.
4. Ride-along participants are required to wear appropriate attire, taking into consideration the weather conditions.
  - a. Male observers are requested to wear a dress shirt or polo shirt with slacks or nice jeans.
  - b. Female observers are requested to wear comparable clothing and may not wear dresses or skirts.
5. Tape recorders, cameras, and the use of cellular devices to record video or take photographs will not be permitted.
6. Ride-along participants are prohibited from possessing or using any Department or personally owned firearms, weapons or handcuffs.



## MORRIS PLAINS POLICE DEPARTMENT

7. Participants are encouraged to ask questions regarding procedures and activities; however, this must be done at an appropriate time. Observers shall not interfere with the officer's activities at any time.
8. Observers **shall not** converse with prisoners, suspects, witnesses, or other parties contacted on police business.
9. Observers **shall not** participate in any police activity unless specifically directed by officers.
10. Observers **shall not** leave the patrol car at any time without first obtaining the permission of the officer.
11. Participants are riding in the capacity of an observer only and are under the complete control of the officer at all times.
12. Observers will be asked to complete a form at the conclusion of the ride-along reviewing the experience.
13. Participants will be required to communicate to their assigned officer if any call for service or investigation involves a family member, friend, neighbor, or other conflict at which time the assigned officer shall determine whether their response to the scene is appropriate.
14. Anytime an observer violates a provision of the rules and regulations pertaining to the ride-along program, the Officer, at his or her discretion, can terminate the ride.

Print name: \_\_\_\_\_

Observer signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_  
(required if under 18)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Select requested shift: (indicate with check mark)

Day Shift: \_\_\_\_\_

Night Shift: \_\_\_\_\_ (Night shift ride-along will conclude by 12 am)