

WEST HENNEPIN PUBLIC SAFETY

Adult Ride-Along Program Application & Waiver of Liability



Purpose of the Ride-Along Program

The West Hennepin Public Safety Department (WHPSD) offers community members the opportunity to accompany officers in the performance of their duties to promote understanding of law enforcement operations. Participants may observe patrol, investigations, and responses to calls for service.

Applicant Information

Full Name: _____

Date of Birth: _____ Driver's License #: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

Reason for requesting a ride-along: _____

Data Practices Advisory (Minnesota Government Data Practices Act – Minn. Stat. Ch. 13)

As an applicant for the Ride-Along Program, you are being asked to provide personal information. You are not required to provide this information; however, refusing to do so will result in denial of your application.

The information is requested to allow the agency to conduct basic background checks regarding your criminal record and eligibility to participate. Some information provided will be classified as public data once received. Private data will be accessible only to you and to City officials or agencies with a need to know the information to process your application. If a ride-along is granted, most information you supply will become public.

Waiver of Liability, Assumption of Risk, Indemnity, and Covenant Not to Sue

READ CAREFULLY – THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS

WHEREAS, the undersigned (“Participant”) has voluntarily requested permission to accompany and observe officers of the West Hennepin Public Safety Department (WHPSD) in the performance of their official duties, including but not limited to riding in department vehicles, entering private or public property, and being present at scenes that may involve emergencies, arrests, investigations, or other potentially hazardous situations;

WHEREAS, Participant understands that law enforcement activities inherently involve significant risks, including but not limited to exposure to criminal activity, weapons, motor vehicle accidents, physical harm, emotional distress, or death;

NOW THEREFORE, in consideration of being permitted to participate in the WHPSD Ride-Along Program, and for other good and valuable consideration, Participant agrees to the following:

1. **Assumption of Risk:** Participant knowingly and voluntarily assumes all risks, known and unknown, associated with participation in the Ride-Along Program, whether arising from the acts or omissions of WHPSD, its officers, employees, agents, or third parties.
2. **Waiver and Release of Liability:** To the fullest extent allowed by law, Participant waives, releases, and discharges the City of Maple Plain, the City of Independence, WHPSD, and their respective officers, employees, officials, agents, and volunteers from any and all liability, claims, causes of action, or damages for personal injury, death, property damage, or other loss arising out of or related to participation in the Ride-Along Program, even if arising from negligence.
3. **Covenant Not to Sue:** Participant agrees not to initiate or maintain any lawsuit or claim against the City of Maple Plain, the City of Independence, or WHPSD, their officers, employees, agents, or representatives, for any injuries, damages, or losses covered by this agreement.
4. **Indemnification:** Participant shall indemnify, defend, and hold harmless the City of Maple Plain, the City of Independence, WHPSD, and their officers, employees, and agents from any liability, loss, claim, demand, or cause of action arising from Participant's conduct during the Ride-Along.
5. **Independent Status:** Participant understands they are not acting as an employee, agent, or volunteer of WHPSD and will not attempt to interfere with or assist in law enforcement operations.
6. **Medical Fitness:** Participant affirms they are physically and mentally capable of participating in this program and are not under the influence of drugs, alcohol, or medication that may impair their ability to safely observe.
7. **Severability:** If any portion of this Agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.
8. **Governing Law:** This Agreement shall be governed and interpreted according to the laws of the State of Minnesota.

Applicant Acknowledgment

I have read and understand the above terms, conditions, and waiver of liability. I agree to a background check prior to being considered for a ride-along. I acknowledge that participation in the ride-along is voluntary and involves inherent risks. I agree to abide by all instructions provided by WHPSD officers during the ride-along. I confirm that I have read and understand CJIS Security and Privacy Training. I understand that I am not authorized to access, read, handle, or discuss Criminal Justice Information. I understand that unauthorized access, handling, or discussion of Criminal Justice Information could result in criminal prosecution.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

Department Use Only

Investigator Recommendation ☐ Approve ☐ Deny

Reason for Denial: _____

Date: _____ Investigator: _____

Supervisor Recommendation ☐ Approve ☐ Deny

Reason for Denial: _____

Date: _____ Supervisor: _____

Schedule Officer Assigned: _____

Case #: _____

Date/Time: _____

Officer signature: _____ Date: _____