



# CITY OF ATASCADERO POLICE DEPARTMENT

*"Dedicated to Professional Service"*



**JEREL HALEY**  
Chief of Police

**Atascadero Police Explorer Permanent Ride-along Waiver  
RIDE-ALONG WAIVER - ATASCADERO POLICE DEPARTMENT  
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE  
READ THIS DOCUMENT COMPLETELY BEFORE SIGNING**

The undersigned, being a member of the Atascadero Police Explorer Program, has made a voluntary request for permission to ride as an observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the Atascadero Police Department, and has further requested permission to accompany a member or members of said law enforcement agency during the active performance of their official duties as a police officer.

The undersigned acknowledges that the work and activities of said law enforcement agency are inherently dangerous, involving possible risk of injury, damage, expense of loss to person or property and further agree that said law enforcement agency did not take the initiative in extending an invitation to ride or accompany its members.

The undersigned hereby agrees that the City of Atascadero, the Atascadero Police Department, any member of the Atascadero Police Department, the driver or owner of any automobile owned or operated by, or in the service of the City of Atascadero, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while riding as an observer in any Atascadero Police Department vehicle, or while accompanying a member of said agency during the active performance of their official duties as a peace officer. The following signature indicates this document has been read and understood.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE\*: \_\_\_\_\_ CDL: \_\_\_\_\_

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

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

\*A parent or guardian's authorization and signature is required for any non-emancipated juvenile (under age 18).

Parent or Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**This application must be completed and submitted to the Operations Commander or their designee prior to the applicant participating in the Explorer ride-along Program. The application will be reviewed and placed in the explorers file at APD. This waiver will remain in effect until the above subject is no longer in the explorer program.**

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

Approved by: \_\_\_\_\_