

RIDE-ALONG LIABILITY RELEASE

SP4369 5/2003

Wisconsin Department of Transportation

Rider Name			Birth Date
Street Address			Area Code - Telephone Number
City	State	ZIP Code	Ride-Along Date
Profession / Occupation			Media
Other			
Parent/Legal Guardian - If rider is under age 18			

Reason for Ride-Along

Rider Comments

Trooper / Inspector Name	County / Patrol Area
Employee Duties <input type="checkbox"/> Interstate System <input type="checkbox"/> Off-Highway <input type="checkbox"/> Other:	

I, the above-named rider, request to ride along with a State Patrol Trooper/Inspector on the date indicated above. I release and discharge the Wisconsin Department of Transportation and employees from all claims, injuries and/or liabilities which may occur during, or result from, such ride-along.

(Rider Signature)

I certify that I am the parent/legal guardian of the above-named minor and consent to his/her riding along with an employee of the Division of State Patrol during on-duty hours.

(Parent/Legal Guardian Signature)

(Trooper/Inspector Signature)

(DOT Authorizing Signature)

Agreement for Assumption of Risk, Indemnification and Release

I, _____ (print name), desire to participate voluntarily in the Wisconsin Department of Transportation – Division of State Patrol Internship Program and/or Ride-Along activity from _____ (date) to _____ (date).

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT _____ (designated Division of State Patrol Supervisor) AT TELEPHONE NUMBER _____.

Assumption of Risks:

I understand that the Wisconsin Department of Transportation – Division of State Patrol Internship Program and/or Ride-Along activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that the Division of State Patrol has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the Division of State Patrol, or the State of Wisconsin (collectively, the “Releasees”). **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN

Signature: _____ Date: _____

DOT AUTHORIZING SIGNATURE

OBSERVER’S AGREEMENT OF RIDE-ALONG RULES

- A. Ride-along individuals shall wear casual business attire and maintain a neat and clean appearance.
- B. Ride-along individuals must be physically able to perform the observation function without any assistance from any other person and must not require apparatus which may be deemed a hindrance to the safe operation of the patrol vehicle in which they are a passenger.
- C. Ride-along individuals have no law enforcement authority and are under the direct authority of the law enforcement officer to which they are assigned.
- D. Ride-along individuals shall not perform any law enforcement functions or become involved in any investigation including:
 - 1. Handling of evidence.
 - 2. Handling of any police equipment without authorization of a Division supervisor.
 - 3. Discussion of any case with victim(s), witnesses, or suspect(s).
 - 4. Any other activities that are reasonably deemed as law enforcement in nature as determined by a sworn Division supervisor.
- E. Ride-along individuals shall always abide by the direction of the law enforcement officer to which they are assigned and will not exit a patrol vehicle and observe calls for service unless authorized.
- F. Ride-along individuals may take written notes but shall not use any electronic recording device while in a ride-along capacity unless expressly authorized by a sworn Division supervisor.
- G. Ride-along individuals may be called as a witness in a court of law as a result of their activity and must abide by all applicable laws regarding the confidentiality of information pertaining to law enforcement action with anyone and any law enforcement interaction pertaining to juvenile subjects.
- H. Any Division supervisor, the officer to which the ride-along is assigned, and/or the ride-along individual may terminate the ride-along activity at any time.
- I. Ride-along individuals must obtain approval from a sworn Division supervisor for each individual occasion in which ride-along activity occurs.
- J. Ride-along individuals shall not possess any weapons/firearms while engaging in ride-along activity with the Division.
- K. A recognized law enforcement officer in Wisconsin is exempt from requirement (D) and (J).
- L. Ride-along individuals must acknowledge their understanding and agreement with the terms of this policy in writing.

Signature: _____ **Date:** _____
RIDE ALONG/OBSERVER

Signature: _____ **Date:** _____
PARENT/LEGAL GUARDIAN

Signature: _____ **Date:** _____
ASSIGNED OFFICER