



6. The applicant recognizes that during the course of participating in patrol observation, the applicant will become a witness to traffic offenses and criminal violations. The officer will provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, there is a potential of being subpoenaed to testify in court.
7. The applicant recognizes that if medical assistance, including first aid and/or ambulance service, is necessary, the Independence Police Department will arrange for the same, consent for which is hereby given, and agrees to pay any and all costs incurred or accruing in connection therewith.
8. In consideration of the acceptance of this application and granting by the Independence Police Department of the privilege of acting as a patrol observer, the applicant does hereby forever release, discharge and acquit the City of Independence, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.
9. This ride along may be canceled or terminated at the discretion of the shift supervisor.
10. **THE APPLICANT DECLARES TO HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING:** and, by signature affixed hereto, accepts the same and assents thereto in its entirety.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Signature)

PARENT (If under 18): \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Signature)

## INDEPENDENCE POLICE DEPARTMENT USE ONLY

**Date Applicant Will Ride:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Officer:** \_\_\_\_\_

### RECORDS CHECK

Attach **ONLY**: Arrest info, Suspect info, Concealed Weapon Permit info, Corrections Client Info

**CCH/Want Check:** \_\_\_\_\_ **SUN & RAIN:** \_\_\_\_\_

**PRIORS:** \_\_\_\_\_ **PRT Initials & #:** \_\_\_\_\_

**APPLICATION APPROVED:**  
**OFFICE OF CHIEF OF POLICE**

**By:** \_\_\_\_\_

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

### FOR OFFICER TO COMPLETE

**Date Applicant Rode:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Hours to** \_\_\_\_\_ **Hours**

**Officer Initials & DPSST #:** \_\_\_\_\_