



GALLUP POLICE DEPARTMENT

Police Ride-A-Long Program Request Form and Waiver

I, the undersigned, hereby request permission to ride in a police vehicle of the City of Gallup, at such times and in such areas as may be approved by the Chief of Police or his designated representative. I understand that the police vehicle will be engaged in normal police patrol and law enforcement activities, some of which may be dangerous and expose passengers to risk or harm. I acknowledge this risk of harm and voluntarily accept it, hereby releasing the City of Gallup Police Department, the individual officers and employees of the City of Gallup from any liability which might result from my participation in this program. I agree to obey and follow all instructions given to me by the assigned officer. I am in good health and physical condition and that I fully disclose any health and physical limitations to the Police Department through its employees.

Signature of Applicant

Date

Please Print the Following Required Information

First Name

Last Name

Address

City

State

Zip or Postal Code

Home Phone

Social Security Number

Driver's License Number

Date of Birth

Month

Day

Year

Grade

School / Occupation

Reason for participating in the Ride-A-Long program

FOR OFFICE USE ONLY

Approval for Ride-A-Long is Valid for Only One (1) Day _____

Ride-A-Long Date and Time

Month

Day

Year

Time

Watch Commander Approval