

UAF POLICE RIDE-ALONG REQUEST FOR MINORS

First, middle, Last name: _____

Address: _____

Driver's License number and state of issue _____

Phone number _____ Date of Birth _____ Reason for Ride _____

UAF POLICE RIDE-ALONG AGREEMENT

****Please read and initial the following statements. Every person going on ride-alongs must sign the UAF Police Department Ride Along Agreement and their guardian must also sign the University of Alaska Release Agreement****

Rider's initials/Guardian initials

____/____ The officer I have been assigned to ride with has given me a safety briefing and opportunity to ask questions that may clarify any requirements (initial at time of ride along).

____/____ I have voluntarily requested to ride as a passenger and observe a UAFPD vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.

____/____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

____/____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer.

____/____ I understand the equipment assigned to an officer and the vehicle in which I will ride is for the purpose of aiding the officer in performing official duties only and I will not touch,

