



FRESNO STATE POLICE DEPARTMENT

2311 E. Barstow Ave, M/S PO14 (559)278-8400
Fresno, CA 93740 (559)278-7788 (fax)

CITIZEN RIDE ALONG RELEASE FORM

Submit a week in advance

PARTICIPANT INFORMATION

NAME		PHONE NUMBER	
ADDRESS		ID or DRIVER'S LICENSE	
CITY		DATE OF BIRTH	AGE
STATE	ZIP	EMAIL	
DATE AND TIME AVAILABLE			

REASON FOR RIDE ALONG

Class **Job -Related** **Other** _____

EMERGENCY CONTACT

NAME	PHONE NUMBER
RELATIONSHIP	

In consideration of being allowed to participate in the Citizen's Riders Program, I, _____, hereby release, hold harmless and forever discharge the State of California, the Trustees of the California State University and each and every officer, agent, and employee of each of them (hereinafter collectively referred to as the "State") from all claims, causes of action, or demands of every kind which I may have in the future or that of any person claiming through me may have in the future against the State by reason of any injury to person or property, or death, in connection with participation in the above described activity. I also understand that pursuant to 1.6.1 .D.3 of the Department of Justice, California Law Enforcement Telecommunications System, I may be subject to a Criminal History Check before participating in the ride along. I understand that I am limited to two (2) ride-a-long during a calendar year.

By signing below, I acknowledge that I have read this Release and understand the terms used in it and their legal significance. This release is freely and voluntarily given with the understanding that rights to legal recourse against the State are knowingly given up in return for allowing my participation in the activity described above.

SIGNATURE	DATE
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DEPARTMENT USE ONLY

SUPERVISOR/OIC	DATE
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APPROVED **DENIED** RECORDS CHECK BY _____

PRIOR RIDE ALONG	RECEIVED BY	DATE & TIME
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RIDE ALONG INFORMATION

OFFICER ASSIGNED	DATE & TIME	<input type="checkbox"/> SHOWED <input type="checkbox"/> NO SHOW
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