
Print Full Legal Name (include Maiden Name)

Requested ride along date(s)/hours

Current Street Address

Date of Birth (MM/DD/YYYY)

City, State, Zip Code

Driver's License Number and State

Phone Number

University ID#

Volunteer/Ride Along/Observer Statement of Duties and Responsibilities

I, the undersigned, hereby agree and state as follows:

1. That I am eighteen (18) years old or older.
2. That I voluntarily elect to participate as a ride along observer with the Illinois State University Police Department.
3. That I am covered by the University's student health insurance plan or have comparable coverage under an independent health insurance plan.
4. I hereby consent to undergo a background check and/ or criminal records investigation as a condition of participation in the police ride along program. I will not be allowed to participate in the program if I have an unsatisfactory criminal records background (which will be determined at the sole discretion of the Illinois State University Police Department).

I hereby agree to comply with all of the following duties and responsibilities.

1. I will NOT intervene in any situation under any circumstances unless aid is specifically requested by a police officer.
2. I will prepare any written statements required by the Illinois State University Police Department (hereafter "ISUPD") or other University official.
3. I will testify in court if required.
4. I will wear appropriate attire while riding with or observing ISUPD.
5. Information obtained while riding with or observing ISUPD may be confidential information and I will not share such information with any individuals other than ISUPD or other University officials.
6. I will not provide assistance to any individual based on knowledge gained through my participation as an observer in the ride along program that may assist them in evading detection, arrest, or prosecution. In addition I will not provide assistance regarding destruction of evidence, contraband, or stolen property.
7. I will abide by all established ISUPD and University policies and procedures while participating as a ride along observer.

Signature of Participant

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Printed Name of Participant

Waiver: In consideration of being permitted to participate in any way in the police ride along program with the Illinois State University Police Department, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the ride along.

Signature of Participant **Date**

Assumption of Risks: Participation in a police ride along carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, sprains, floor burns, and soreness to 2) major injuries such as pulled muscles, broken bones, and fractures to 3) risks associated with the police ride along program.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participation in the ride along. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my participation in a police ride along.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant **Date**

Return both completed forms to:

Illinois State University Police
718 W. College Ave. Box 9240
Nelson Smith Bldg. Room 105
Normal, IL 61790-9240
Fax: (309) 438-3029
Email: ISUPolice@IllinoisState.edu

Office Use Only

Background Check Completed by: _____

LEADS: _____ EJS: _____ Other: _____

Approved by: _____ Date: _____