



Brookings Police Department

307 3rd Ave
Brookings, SD 57006
PH: 605-692-2113



www.cityofbrookings.org

BROOKINGS POLICE DEPARTMENT
VISITOR/OBSERVER
RELEASE OF CLAIM AND LIABILITY WAIVER

In the interest of advancing citizens' knowledge and understanding of police work and the Brookings Police Department, "ride alongs" are permitted only under the following conditions.

Visitors:

1. Must be free of any felony criminal records or based upon the judgement of the authorizing supervisor are appropriate to observe police activity.
2. Must be appropriately dressed and approved by the supervisor.
3. Must follow all instructions given by the accompanying officer.
4. Must submit the purpose of the visit to the officer and supervisor on shift.
5. Must be identified and approved by the Chief or designee.
6. The signed waiver must be provided to the Chief for review and filing.
7. Must follow all provisions of the Ride Along Policy.

Purpose: _____ (First Responder Academy, officer exchange, family orientation, public interest)

I, _____, a citizen interested in the operation and function of the Brookings Police Department, have requested permission of the City of Brookings through its agents, to ride in a police vehicle owned by the City of Brookings and operated by an officer of the Brookings Police Department.

Being duly aware of the risks and hazards that may be encountered while riding as an observer in one of the police vehicles, I hereby release the Brookings Police Department, the City of Brookings, its officers, employees, and affiliate entities, from any and all claims, demands, judgements, liabilities, obligations, damages, costs, expenses, injuries, actions and causes of actions or any kind or nature whether they be based on contract, tort or any other theory of liability arising out of and occurring while riding as an observer in one of the police vehicles, or at any time I accompany the police officer outside of the police vehicle. Further, I elect voluntarily to assume all risk of loss, damage, or injury, including death, that may be sustained by the undersigned. Therefore, I do hereby, for myself, my heirs, executors and administrators, release and forever discharge the City of Brookings and all of its officers, agents and employees from any and all claims, demands, actions or causes of action on account of my death or on account of any injury to me which may occur while I am riding in any police vehicle owned by the City of Brookings, or while I am at or on the scene of any event which is as a result of my riding in a police vehicle owned by the City of Brookings.

I, _____, hereby authorize the Brookings Police Department and its agents to conduct a full criminal history background check on me for the purpose of establishing my identity and suitability for the observation of police activity.

Printed Name (First Middle Last)

Date of Birth

Signature

Date

Parent or Legal Guardian (if under 18)

Date

Emergency Contact Name

Phone

Background Checked By

Date

Chief (or designee) Signature

Date

Shift Supervisor Signature

Date

Officer Signature

Date