



# CITY OF MANITOWOC

WISCONSIN, USA  
www.manitowoc.org



## MANITOWOC POLICE DEPARTMENT RIDE ALONG REQUEST FORM

Please answer all questions in ink. Please print. Incomplete forms could be grounds for automatic disqualification. All applicants will undergo a complete background check performed by the Manitowoc Police Department.

Date \_\_\_\_\_  
Full Name (Last, First, MI) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work / Cell Phone Number \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Drivers License Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Indicate any other states in which you may have ever held a drivers license \_\_\_\_\_  
Briefly, state your reasons for wanting to participate in our ride along program.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any Officer you would prefer to ride with? \_\_\_\_\_.

Please Indicate the date and time you would prefer to do a ride along. NOTE: "Ride Alongs" will not be longer then eight hours, but can overlap shifts.

DATE: \_\_\_\_\_  
Time: From: \_\_\_\_\_ to \_\_\_\_\_

**No cellphones or electronic devices are allowed during your Ride-Along**



**FOR OFFICIAL OFFICE USE ONLY**

This request has been approved / denied by (Name/Rank) \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

He / She will report to (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) Shift Commander on (Date) \_\_\_\_\_ at  
(Time) \_\_\_\_\_.

This person was assigned to ride with (Officer) \_\_\_\_\_.

Applicant was notified of the above information on (date & time) \_\_\_\_\_.

Supervisor Signature \_\_\_\_\_

## **RULES OF THE RIDE-ALONG**

I UNDERSTAND THAT I WILL BE VOLUNTARILY PRESENT IN THE CAPACITY OF AN OBSERVER AND THAT I WILL BE UNDER DIRECT AND COMPLETE CONTROL OF THE POLICE OFFICER THAT I ACCOMPANY.

I FURTHER UNDERSTAND THAT I SHALL TAKE NO OFFICIAL ACTION, NOR WILL PARTICIPATE OR INTERFERE IN ANY MANNER, NOR ENGAGE IN ANY POLICE ACTIVITY UNLESS SPECIFICALLY DIRECTED TO DO SO BY THE POLICE OFFICER I AM WITH.

I UNDERSTAND THAT IN THE EVENT THAT AN OFFICER IS DISPATCHED TO, WITNESSES, OR IS IN A POTENTIALLY HIGH RISK SITUATION, I WILL BE DROPPED OFF OR ORDERED TO A SAFE LOCATION. AS SOON AS THE SITUATION ALLOWS, I WILL BE PICKED UP BY THE OFFICER AND THE PROGRAM WILL CONTINUE.

I ALSO AGREE TO COMPLY WITH ALL DIRECTIONS AND ORDERS GIVEN TO ME BY THE POLICE OFFICER, INAPPROPRIATE ACTIONS OR LANGUAGE SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE RIDE-ALONG AT THE DISCRETION OF THE OFFICER.

RIDE-ALONGS WILL NOT BE ARMED WITH ANY MANNER OF WEAPON!!

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### **PRINT THE FOLLOWING:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**City of Manitowoc**  
**WAIVER AND RELEASE OF LIABILITY FORM**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

**Before signing this waiver and release of liability, read this entire document carefully. If you sign this waiver and release of liability and an incident occurs resulting in injury or loss of property, then you will be giving up legal rights that you might otherwise have. If you do not understand anything in this document, or if you object to any provision contained in this document, you should not sign this document as it is drafted, but rather seek advice from your legal counsel. Requests for modifications may be directed to the city attorney's office at (920) 686-6990 during normal business hours.**

This Waiver and Release of Liability, executed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ (the "undersigned") in favor of the City of Manitowoc and its elected officials, officers, employees, and agents (collectively "City").

**Waiver and Release**

The undersigned freely, voluntarily, and without duress executes this Waiver and Release under the following terms:

The undersigned does hereby release and forever discharge and hold the City harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from the undersigned's activities with the City.

The undersigned understands that this Waiver and Release discharges the City from any liability or claim that the undersigned may have against the City with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Undersigned's activities with the city, **whether caused by the undersigned or by the negligence of the City or its officers, directors, employees, agents, or otherwise.** **However, the City and the undersigned understand that City is not released from liability for harm incurred by the undersigned which results from the City's intentional or reckless conduct.**

The undersigned understands that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the undersigned.

**Activities**

The undersigned desires to ride along with a sworn member of the Manitowoc Police Department while on active patrol duty. The undersigned understands that the activities may include adverse weather conditions, stress to the nervous system, exposure to seeing traumatic situations and injuries, and potentially dangerous and high risk police situations in addition to other potentially hazardous conditions.

The undersigned hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the City from any and all liability for injury, illness, death, or property damage resulting from the Activities and caused by the undersigned or by the negligence of the City.

**Medical Treatment**

The undersigned does hereby release and forever discharge the City from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the undersigned's activities with the City.

**Photographic Release**

The undersigned does hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the undersigned’s Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. The undersigned further acknowledges that they may appear in video or audio or photos used in court proceedings or on the City’s social media accounts.

**Construction of Waiver and Release and Severability**

The undersigned expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. The undersigned agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in this Waiver and Release of Liability.

**Full Name:** \_\_\_\_\_  
(Print name legibly)                      First Name                      Middle                      Last

**Address:** \_\_\_\_\_  
Undersigned’s Address

\_\_\_\_\_  
City    State                      Zip

\_\_\_\_\_  
Phone (Home)    Phone (Cell)

**Signature & Date** \_\_\_\_\_  
Signature    Date

IN WITNESS WHEREOF, undersigned and Parent/Guardian of undersigned have executed this Waiver and Release of Liability as of the day and year first above written.

**Witness’s Signature & Date**  
\_\_\_\_\_  
Signature    Date