



Portage Police Department
Chief Keith Klafke
 117 West Pleasant Street, Portage WI53901
 Telephone (608)742-2174 Fax (608)742-1175



“Protecting our community and its’ quality of life by delivering exceptional law enforcement services”

Ride A Long Program

March 5, 2020

Purpose: To foster and strengthen the community’s relationship and understanding of the duties and responsibilities of department staff. To further a student’s education in criminal justice and to expose potential employees to a career in law enforcement.

Guidelines:

1. The attached waiver form must be read thoroughly and must be signed.
2. When you arrive for your scheduled ride along, you must be dressed appropriately for the weather conditions and be neat in appearance.
3. While participating in the ride along, you will be under the direction of the officer operating the vehicle. This officer or any other law enforcement officer may give you specific instructions and or directions which must be followed exactly and immediately. This is for your protection as well as the safety of the officer and public at large.
4. For the purpose of safety and/or behavior, the officer has the discretion to suspend the privilege of riding along and will contact the shift supervisor about the suspension and make every effort to drop you back off at the Police Department.

Release and Indemnity Agreement

Whereas the undersigned has voluntarily elected to ride as a passenger in the City of Portage Police Department vehicles, and to accompany police officers of the said city while engaged in the performance of their duties , to study and observe for their own benefit the functions and operations of the City of Portage Police Department and its personnel; and Whereas, the undersigned desired to do so at their own risk and recognizing the possible inherent danger to their own person and property resulting there from; and Whereas the city of portage does not wish to be liable for any damages arising from personal injuries and or property damage sustained;

Now, therefore, in consideration of the promises and other good and valuable consideration, the undersigned does hereby for themselves, spouse, heirs, executor, or administrator, and personal representatives:

Assume full responsibility for any personal injury or damage to their person or property which may occur, directly or indirectly, while in , or about any such police vehicle , the City of Portage Police Department premises or while accompanying any police officer of the City of Portage while in the performance of their duties;

Fully and forever release and discharge the City of Portage , its agents and employees, from any and all claim demands damage , rights of action, present or future , whether the same be know , anticipated or unanticipated , resulting from or arising out of the undersign’s being in , on or about any such police department vehicle, or at any or all of the premises and places afore said, or while accompanying any such officer as afore said;

Indemnify and hold harmless the city of portage, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature whatsoever , while in , on about any such police vehicle or any and all premises afore said, or while accompanying any such officer as afore said; Agree to defend and to pay any costs or attorney’s fees as a result of any action brought by or against the City of Portage , its agents and employees, for any acts of conduct of the undersigned of whatever kind of nature whatsoever, while accompanying any such police officer as afore said; State that he or she is as of the date of execution hereof , of the age of 18 (eighteen) years or older ;If the undersigned is under the age of 18 (eighteen) years old , a parent or legal guardian must sign this release and indemnity agreement; and agree that it is the intent of the undersigned that this release and indemnity agreement be in full force and effect at any time hereof.

Participant Signature _____ Print Name _____ Date _____

Guardian Signature _____ Print Name _____ Date _____

Officer Signature _____ Print Name _____ Date _____

CITY OF PORTAGE POLICE DEPT. RIDE ALONG FORM

ALL INFORMATION MUST BE PROVIDED FOR APPROVAL

Name: First, Full Middle , Last	Date of Birth
Address:	
Cell	School / Grade
Email	Occupation:
Indicate Preference to ride:	Identification #: D.L.
Day of week	Reason for requesting ride along.
Circle Preference 10p-6a 6a-2p 2p-10p	
Person to be notified in case of emergency:	Emergency Phone #
If under 18 years old – Guardian	Guardian Phone Number
Date Submitted	Approved By:
Date / Time ride a long completed	Officer who conducted ride along / comments.