



John Bergfeld  
Chief of Police

## BALLWIN POLICE DEPARTMENT

### RIDE-ALONG APPLICATION

The Ride-Along Program of the Ballwin Police Department is designed to provide an opportunity to persons who are engaged in law enforcement activities, education or training, to observe law enforcement in action and become familiar with Department patrol operations.

The Department requires that all participants be neatly attired when riding in a patrol vehicle. The accepted mode of dress is shoes, shirt/blouse, slacks and jacket/coat when applicable.

Ride-Along participants become the responsibility of the police officer with whom they ride. Participants are asked not to leave the patrol car on specific police assignments unless their assistance is requested by the police officer with whom they are riding. This policy is necessary to protect the citizen from any eventuality of bodily harm, no matter how remote. The role participants play is strictly that of an observer. They may not become involved verbally or physically with any suspects the police officer questions or with whom the police officer comes in contact.

#### (PLEASE PRINT)

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Enrolled at University/College/School (if applicable): \_\_\_\_\_

Major/Area of Study/Specific Class (if applicable): \_\_\_\_\_

#### (FOR OFFICE USE ONLY)

This subject was notified, scheduled, and completed ride along on \_\_\_\_/\_\_\_\_/\_\_\_\_  
during the hours of \_\_\_\_\_-\_\_\_\_\_.

OFFICER'S SIGNATURE: \_\_\_\_\_ DSN: \_\_\_\_\_



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### PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Address, City, State, Zip)  
within the County of \_\_\_\_\_, in consideration of being granted  
(Address County)

permission to ride in a Ballwin vehicle and of accompanying a Ballwin Police Officer for the purpose of observing and becoming familiar with the operations of a Ballwin Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Ballwin, the Ballwin Police Department, and all their officers and employees, from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in an automobile or other vehicle of the Ballwin Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I further assume all risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Ballwin, the Ballwin Police Department, their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Ballwin, the Ballwin Police Department, and all of their officers and employees on account of any debt, expense, claim liability or damage by reason of injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Ballwin Police Department automobile or other vehicle or in the company of a Ballwin Police Officer, while said officer is officially discharging his/her duties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness Signature (If under 21, parent or guardian must sign)

APPROVED: YES  NO

\_\_\_\_\_  
Chief of Police