University of Kentucky Police Department

Ride Along Request Form

Date: _____ / _____ / _____

I, _____, do hereby release the University of Kentucky, the University of Kentucky Police Department, and the assigned officer(s) from any and all liability from injuries or death sustained while I am riding along with, and observing, the assigned officer(s) performing their duties.

I further understand that I am not to get out of the vehicle unless advised to do so by the assigned officer(s), and may be required to exit the vehicle in the event of a vehicle chase, or any other circumstances that the officer(s) may deem necessary, to ensure my safety.

I further understand that prior to my participating in this activity, I will be subjected to criminal history records check and do so authorize the University of Kentucky Police Department to perform this check.

I further understand that the University of Kentucky Police Department reserves the right to refuse this service to any applicant for any reason.

☐ **By checking this box, and typing my name below, I acknowledge that I am electronically signing this document.**

_____ _____

Typed Signature Phone Number

Please provide the following information for use in your criminal history check. Failure to provide all required information will result in your ride along request being denied.

_____ _____ _____

First Name Middle Name Last Name

_____ / _____ / _____ _____ _____

Date of Birth ID/Driver's License Number Issuing State of ID/License

FOR OFFICE USE ONLY:

Records check performed by: _____ Date: _____

Ride along approved* by:_____ Date: _____

*Must be approved by Captain rank or higher.