



# University of Tennessee

## Police Department

### RIDE-ALONG PROGRAM

**Step 1:** The request should be completed at least seven (7) days before the date you are requesting to participate in a Ride-Along, unless otherwise approved by a Deputy Chief or above.

\_\_\_\_\_  
Last name                      First Name                      MI                      Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Driver's License #                      State                      Phone Number                      Email

\_\_\_\_\_  
Names of family members in the department, if any

\_\_\_\_\_  
Requested Officer

\_\_\_\_\_  
Request Date                      Date of Last Ride Along

**SHIFT REQUESTED:**

☐ Day Shift 0700-1900

☐ Night Shift 1900-0700

☐ Other \_\_\_\_\_

**Step 2:** I understand that a warrant check will be conducted in order for me to participate in this ride-along, which is limited to one shift and may be terminated at any time.

### Assumption of Risk and Release

In consideration of my being allowed to participate in all activities associated with the Ride-Along Program of the University of Tennessee Police Department (UTPD), including riding in police cars accompany sworn police officers on their actual patrol duties, I hereby release and forever discharge the University of Tennessee Board of Trustees, The University of Tennessee, and UTPD and their officers, agents, and employees from any and all liability. I further covenant not to sue Board, University, UTPD, their officers, agents, and employees for any injury or damages that I may sustain as a result of my participation in the above activities, and which result from causes beyond the control of, and without fault or negligence of, the University Board of Trustees, The University of Tennessee, UTPD, their officers, agents, and employees. I am fully aware of the risks and dangers involved in the Ride-Along Program. I hereby assume all risks of injury that may be sustained by me in connection with the Ride-Along Program. These injuries may include, by way of example, serious bodily injury or loss of life arising from the use of firearms, knives, and other deadly and/or dangerous weapons by third parties, and motor vehicle accidents. I certify that my participation in the Ride-Along Program is voluntary, and I understand that unanticipated and unexpected events may occur during activities which may result in injury to me. I hereby assume the risk of such injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

Below this Line is for Internal Use Only.

**Step 3:** This form, once completed and signed by the Ride-Along Program candidate, is to be taken to the University Tennessee Public Safety Public Information Officer for initial review.

Review completed: \_\_\_\_\_

**Step 4:** Upon completion of initial review, the form will be given to a Communication Officer for the NCIC Warrants Check:

\_\_\_\_\_  
Name                      Badge #                      Date

**Step 5:** Upon completion of the NCIC Warrants Check, this form will be given to the appropriate Deputy Chief. Once their signature for approval, or denial is completed, it is to be emailed to the Public Information Officer. Then it will be sent to the appropriate shift supervisor for assignment.

\_\_\_\_\_  
Approved                      Denied                      Date