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** _____

Affiliation

- ☐ **Job Candidate**
- ☐ **UT Employee**
- ☐ **Intern**
- ☐ **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, negligence, or without fault 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. **WHEN COMPLETED AND SIGNED–EMAIL FORM TO: utpdpio@utk.edu**

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 _____