



BAY AREA RAPID TRANSIT POLICE DEPARTMENT

Ed Alvarez, CHIEF OF POLICE

101 8th Street

OAKLAND, CA 94607-4730

RIDE-ALONG REQUEST AND WAIVER

All ride-along participants must complete and sign this form.

PARTICIPANT:	LAST NAME:	FIRST NAME:	MIDDLE NAME
ADDRESS:	STREET:	CITY:	ZIP CODE:
TELEPHONE:	DATE OF BIRTH:		
EMERGENCY CONTACT:	FIRST AND LAST NAME: TELEPHONE NUMBER:		
REASON FOR RIDE-ALONG: <input type="checkbox"/> DEPARTMENT APPLICANT _____ POLICE OFFICER _____ SPECIFY POSITION <input type="checkbox"/> OTHER, SPECIFY: <u>TSAC member</u>			
DATE DESIRED:		DESIRED START TIME: 8 AM _____	

In consideration for being permitted to observe police operations and ride in police vehicles of the Bay Area Rapid Transit (BART) District for such purpose, I do hereby assume all risks inherent in such activities and on behalf of myself, my heirs, executors, administrators and assignees waive any claim, demand or action against the BART District, its directors, officers, agents and employees for any injury or damage of whatsoever kind and nature and any costs, expenses or compensation of whatsoever kind and nature arising out of any act, occurrence, accident or condition during the periods I am so observing police operations or riding in police vehicles for such purpose.

I, for myself, my heirs, executors, administrators and assignees agree to indemnify and hold harmless the BART District, its directors, officers, agents and employees from all claims, demands, suits, loss, damages, injury and liability, direct or indirect (including any and all costs and expenses in connection therewith), incurred by reason of any negligent act, or failure to act, while being present at any police activity, observing police operations or riding in police vehicles for such purpose.

NOTE: If you are a peace officer in the State of California, authorized by the California Penal Code to carry a firearm, you may carry your Department's duty-approved firearm in a concealed manner during your ride-along. Absent using deadly force to protect yourself or others from what you reasonably believe would be an imminent threat of serious bodily injury and/or death, you agree that you will not take any police/enforcement action or brandish and/or use your firearm unless requested to do so by your host officer.

I have read and understand this document and have read and will comply with BART Police Department Policy # 410, entitled "Ride-Along Program."

SIGNATURE OF PARTICIPANT*: _____ DATE: _____

*If participant is under 18 years of age, SIGNATURE PARENT/GUARDIAN _____

DEPARTMENT WITNESS: _____ I.D.#: _____

FOR DEPARTMENT USE ONLY			
WARRANT/CORPUS CHECKED BY:	DEPARTMENT EMPLOYEES NAME AND I. D. #		CLEAR: YES OR NO
DATE OF PARTICIPATION:	MM/DD/YYYY	SCHEDULED TIME:	START END
RIDE-ALONG ASSIGNED TO:	DEPARTMENT EMPLOYEES NAME AND I. D. #		LOCATION BEAT
SUPERVISOR APPROVAL:	SIGNATURE AND I.D.#		DATE

Return completed form to Personnel and Training Unit for filing.