



RIDE-ALONG AUTHORIZATION AGREEMENT

The undersigned, being the age of eighteen (18) or older (or, if under 18, with the signature of approval from a parent or guardian), in consideration of being permitted to ride as a passenger/observer in a vehicle of the Department of Kentucky State Police, the sufficiency of said consideration hereby acknowledged, does agree together with his heirs, guardians, executors and administrators, not to assert against the Commonwealth of Kentucky, its Justice Cabinet, Department of State Police, or any agent or employee thereof, any claim, demand, or suit of whatever kind or nature, either directly or indirectly, for injuries or damages to persons or property resulting from the undersigned riding as a passenger/observer in a vehicle of the Department of State Police. The undersigned understands and agrees that this Ride-Along Authorization Agreement may be pleaded as a counterclaim to or defense in any action of any kind brought by or on behalf of the undersigned. The undersigned expressly stipulates and agrees to indemnify and hold harmless the Commonwealth of Kentucky, its Justice Cabinet, Department of State Police, and their agents or employees, from and against any loss, including costs and attorney's fees, on account of any action brought against them by the undersigned or any person acting on their behalf arising out of the undersigned riding as a passenger/observer in a vehicle of the Department of State Police.

The undersigned further expressly stipulates and agrees that he/she will abide by the orders of the police officer(s) whom he/she accompanies; that he/she will refrain from interfering with the police officer(s) while in the pursuit of their official duties; that he/she will refrain from participating with the police officer(s) while in the pursuit of their official duties; and that he/she will refrain from placing himself/herself in any position which might endanger the lives and safety of himself/herself, the police officer(s) or others.

The undersigned understands that he/she may become aware of confidential information and/or records while riding as a passenger/observer in a vehicle of the Department of Kentucky State Police and agrees that he/she will not disclose confidential information or records without prior consent of the appropriate authority in the Department.

"I HAVE READ THE RIDE-ALONG AUTHORIZATION AGREEMENT AND I FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS."

RIDER SSN: _____

Printed Name of Rider

Signature of Rider

Home Address of Rider

Date of Signature

Home Telephone Number(s) of Rider

Cell Phone Number of Rider

Parent/Guardian Name (if applicable)

Signature of Parent/Guardian

Witness Signature

Date of Signature

Witness Signature

Date of Signature

Emergency Contact Name & Phone Number: _____

Emergency Contact Address: _____

Commander Authorization: _____

(Commander Signature)

Date Approved

To be completed by intake supervisor

Reason for Ride-Along Request:

Ride Along Date/Time: _____