

# GOODLAND POLICE DEPARTMENT

## Citizen Observer Waiver of Liability

**Note:** Allow up to two (2) weeks for your application to be processed. Fill out this form in its entirety. Due to the confidential nature of some calls and information, you may be asked to wait in the lobby. Due to priority calls for service, the officer may be delayed. Request any assistance via the telephone located in our lobby to contact Sherman County Communications if your wait is over thirty (30) minutes.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☐ If so, please explain: \_\_\_\_\_

As a condition precedent to being allowed to ride as a gratuitous passenger in a vehicle or vehicles operated by any Officer, agent or employee of the Goodland Police Department, I the undersigned, knowingly and voluntarily assume any and all risks inherent in riding as a gratuitous passenger.

I fully understand that I may be exposed to dangers in excess of those normally faced by passengers in private vehicles or other public vehicles. I further certify that I have received a briefing concerning the dangers prior to placing my signature on this document. I do hereby waive any right or claim against the City of Goodland, Kansas, their agents, officials, employees, and Officers for any loss of life, bodily injury, or property damage which I may sustain as a result of riding as a gratuitous passenger.

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

Signature: \_\_\_\_\_  
(Must be signed in GPD employee's presence or notarized)

(Seal)

GPD Witness / Notary Signature: \_\_\_\_\_

**UNDERAGE APPLICANTS:** I, the parent, guardian, or legal custodian of the minor signing above do hereby consent to the above waiver and agree to the terms stated above.

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

Signature: \_\_\_\_\_  
(Must be signed in GPD employee's presence or notarized)

(Seal)

GPD Witness / Notary Signature: \_\_\_\_\_

### \*\*\* POLICE DEPARTMENT USE ONLY\*\*\*

Record Checked by: \_\_\_\_\_ 10-29 \_\_\_\_\_ 3x5 \_\_\_\_\_ Previously Rode: Y / N Date: \_\_\_\_\_

Record Indexed by: \_\_\_\_\_ Command approval (if warranted): \_\_\_\_\_ Approved / Disapproved \_\_\_\_\_

Officer Assigned: \_\_\_\_\_ Badge #: \_\_\_\_\_ Scheduled date/time: \_\_\_\_\_

SUPERVISOR APPROVAL ONLY: (Signature/ badge #) \_\_\_\_\_

Officer comments: \_\_\_\_\_

**ALLOW TWO WEEKS FOR COMPLETION OF BACKGROUND CHECK**  
**FOR RIDE-ALONG REQUEST**

**INSTRUCTIONS FOR CIVILIAN OBSERVERS**

1. Observers are under the command of the officer at all times.
2. Observers will not leave the patrol car at the scene of any police activity unless permitted by the officer.
3. Observers will not participate in any police activity.
4. Observers will not speak to prisoners, suspects, witnesses, or any other parties contacted by the officer.
5. Observers will not interfere with officer activities at any time. Questions may be asked when appropriate.
6. Observers will arrive at the police department lobby 10 minutes prior to the starting time.
7. Inappropriate clothing will not be allowed. No short shorts, cutoffs, T-shirts or shirts with crude language, tank or tube tops, or ball caps may be worn.
8. Weapons are not allowed. No photographs, videos or other recordings are allowed.
9. If you are unable to keep your appointment, notify us by contacting Sherman County Communications at 785-890-4575.
10. All observers MUST sign a waiver of liability – no exceptions.
11. You will be automatically disqualified from the program if any of the following apply:
  - a. If you are the subject of an active criminal investigation or prosecution.
  - b. If you are the subject of active criminal intelligence.
  - c. If you have been convicted of a felony.
  - d. If you have been convicted of a misdemeanor involving perjury or a false statement.
  - e. If you have previously been the subject of a Protective Custody action.
  - f. If you are known to be of immoral character.
  - g. If you show up to the program while emitting the odor of alcoholic beverage or appearing to be under the influence of a controlled substance.

By signing below, I swear under penalty of perjury that I understand all rules regarding the Ride Along Program, and I am not disqualified by any of the above conditions. I give my permission for the Goodland Police Department to conduct any checks they deem necessary to help determine my eligibility to participate in the Program.

A copy of the Department Policy regarding this program has been made available to me.

Signature of Observer: \_\_\_\_\_

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

Please give us your feedback after your ride along. We hope that your experience has been informative, enlightening and has given you a better perspective of law enforcement. Include what impressed you the most or any suggestions for improvement. Thank you!

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