



PASSENGER REQUEST AND LIABILITY WAIVER

INSTRUCTIONS

BEFORE COMPLETING THE APPLICATION, PLEASE READ THE PROGRAM RULES AND GUIDELINES ON THE REVERSE. This Passenger Request and Liability Waiver is to be completed and signed by the applicant; minors must obtain parental approval. The Passenger Request and Liability Waiver is to be forwarded to the DPS office in the area where the ride along or observation will take place. After completion of a criminal / records check, the application will be reviewed by the Area Supervisor and forwarded to the District Commander for approval. Approval by the respective District Commander must be obtained before the ride along / observation may begin. The Area supervisor will contact the applicant after completion of internal processing.

APPLICANT

RESIDENCE STREET ADDRESS CITY STATE ZIP CODE
IDENTIFICATION (No., License, Class, State, Exp.) SOCIAL SECURITY NO.

- YES NO
Have you ever been convicted of a felony or are charges pending?
Do you have any disabilities? Specify:
Are you an Explorer Scout? Post No.:
Are you a Certified Peace Officer? Agency:
Are you presently using any drugs and/or have you ever been arrested on any drug or narcotic related charges?
Is applicant an off duty employee or Reserve Officer?

Table with 5 columns: I.D. NO., TITLE, LOCATION CODE, SUPERVISOR'S APPROVAL, DATE. Contains an 'X' in the SUPERVISOR'S APPROVAL column.

PURPOSE

BRIEFLY EXPLAIN WHY YOU WISH TO PARTICIPATE IN THE CIVILIAN PASSENGER/OBSERVER PROGRAM:
Passenger
Observer

RIDE ALONG

I request to ride with an officer during the following tour of duty:

Table with 6 columns: DATE, BEGINNING TIME, ENDING TIME, DISTRICT, AREA, OFFICER

LIABILITY WAIVER

As a passenger/observer in the Arizona Department of Public Safety's vehicle, I agree to abide by all rules and guidelines and to the following:

- 1. To release and hold harmless the State of Arizona, its employees and agents, from any and all liability for any damage to personal property or injury sustained while accompanying a DPS officer in the line of duty, regardless of the cause of such damage or injury, whether through negligence or otherwise.
2. That this release of liability shall apply to any right of action that might accrue to myself, my parents or guardians, my heirs or any other personal representative.
3. To assume all risks when accompanying a DPS officer while on-duty and/or while riding in a state-owned vehicle, knowing that personal danger is involved.
4. This waiver and release of liability shall be in effect for a period of 180 days commencing with the date of execution and subsequent District Commander's approval.

I have read the program rules and guidelines on the reverse side of this form and the above liability waiver. I understand and agree to abide by them.

X
APPLICANT'S SIGNATURE DATE

X
WITNESSING DPS EMPLOYEE OR NOTARY PUBLIC

X
As parent / guardian of the applicant under 18 years of age, I grant permission for his / her participation. DATE

DATE
NOTARY, My commission expires:

APPLICANT'S FULL NAME: (Last, First, Middle)

DATE OF BIRTH

HOME TELEPHONE NO.:

WORK TELEPHONE NO.:

