



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 observations 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 (Number,	Class,	State,	Expiration)	SOCIAL SECURITY NUMBER

	YES	NO
1. Have you ever been convicted of a felony or are charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently using any drugs and / or have you ever been arrested on any drug or narcotic related charges?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been arrested in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you on probation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you the subject of an Order of Protection or Injunction Against Harassment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now or have you ever been a member of a criminal street gang or a criminal organization to include an outlaw motorcycle gang?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require any disability accommodations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		

Are you an Explorer Scout?	<input type="checkbox"/>	<input type="checkbox"/>		
Are you a certified police officer? Agency: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Are you an off-duty employee or Reserve Trooper?	<input type="checkbox"/>	<input type="checkbox"/>		
BADGE	TITLE	LOCATION CODE	SUPERVISOR'S APPROVAL	DATE
			X	

PURPOSE

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

Passenger

Observer

RIDE ALONG

I request to ride with a trooper during the following tour of duty:

DATE	BEGINNING TIME	ENDING TIME	DISTRICT	AREA	TROOPER

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:

- 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 trooper in the line of duty, regardless of the cause of such damage or injury, whether through negligence or otherwise.**
- 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.**
- To assume all risks when accompanying a DPS trooper while on-duty and / or while riding in a state-owned vehicle, knowing that personal danger is involved.**
- 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 _____	DATE _____	X _____
APPLICANT'S SIGNATURE		WITNESSING DPS EMPLOYEE OR NOTARY PUBLIC

X _____	DATE _____	DATE _____
As parent / guardian of the applicant under 18 years of age, I grant permission For his / her participation.		NOTARY, My commission expires:

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

DATE OF BIRTH

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

