



RIDE ALONG REQUEST

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER, AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I, _____ BEING or NOT BEING (*circle one*) at least 18 years of age and not being a member of the University Police Department, Southern Command, have made a voluntary request to ride as a guest in a vehicle assigned to the University Police Department, Southern Command and accompany a member or members of the University Police Department, Southern Command during the performance of their official duties.

WHEREAS, the University Police Department, Southern Command is willing to allow me to ride as a guest in a vehicle assigned to that Department and to accompany a member or members of the Department during the performance of their duties on the following conditions:

NOW, THEREFORE, in consideration of the permission given to me to ride in a vehicle assigned to the University Police Department, Southern Command and to accompany a member or members of said Department during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the University Police Department, Southern Command is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the University Police Department, Southern Command during the performance of their official duties and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with riding along in a police vehicle including, but not limited to, the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive substance while accompanying a member or members of the University Police Department, Southern Command during the performance of their official duties.
2. That the State of Nevada, University Police Department, Southern Command Director and all sureties, all members of the University Police Department, Southern Command, their sureties, and each of them, shall not be responsible or liable for any injury, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the University Police Department, Southern Command or while accompanying any member or members of said Department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the University Police Department, Southern Command.
3. For myself, my heirs, executors, administrators, and assigns to defend and indemnify the University Police Department, Southern Command, all sureties, all members of the University Police Department, Southern Command, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason or any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the University Police Department, Southern Command or while accompanying any member or members of said University Police Department, Southern Command during the performance of their official duties.

THE FOLLOWING IS TO BE FILLED IN BY THE RIDER HIMSELF/HERSELF IN HIS/HER OWN HANDWRITING:

- A. Have you read this paper from beginning to end? ☐ Yes ☐ No
- B. Do you know what this paper is that you are signing? ☐ Yes ☐ No
- C. What is this paper which you are signing? _____
- D. Do you know that by signing this paper you are personally assuming all risks of injury connected with riding as a guest in a University Police Department, Southern Command vehicle? ☐ Yes ☐ No

THEREFORE, I AM SIGNING MY NAME ON THE WORDS "THIS IS A RELEASE" TO SHOW THAT I MEAN EVERYTHING THAT IS SAID ON THIS FORM.

THIS IS A RELEASE

(Signature/date of rider)

(Print last name, first name of Officer or witness)

THIS IS A RELEASE

(Signature/date of rider's parent or guardian)

(Signature/P#/date of Officer or witness)

(Signature/P#/date of approving supervisor)



UNIVERSITY POLICE DEPARTMENT, SOUTHERN COMMAND
WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I, authorize you to furnish any University Police Department, Southern Command background investigator, or other duly appointed representative of the University Police Department, Southern Command conducting my background investigation, any information relating to my activities from individuals, schools, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, pre-employment/background investigation conducted by your agency to include criminal history record information, financial and credit information, medical records, military service records; or any information that was obtained as a result of my application for a ride along. Information of a confidential or privileged nature may be included.

I further authorize you to release arrests reports, detentions, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations and accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records and/or reports. This inquiry is in compliance with the applicable state law and other ordinances.

I have read and understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the University Police Department, Southern Command in conjunction with employment procedures. Additionally, I understand that information obtained by the University Police Department, Southern Command may be made accessible for other law enforcement agencies if a proper waiver is provided. This waiver and release applies to information covered by Title 5, as well as information not covered by that statute.

I hereby release the University Police Department, Southern Command, you, your organization, and your office's agents and employees, and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code of ordinance, or any similar laws.

COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNATURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME. THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED.

Full Name (Print Legibly)	Social Security Number	Date of Birth	Signature	
Current Address (Street & City)	State	Zip Code	Home Telephone Number	

Arnold Vasquez
Chief of Police
4505 S. Maryland Pkwy.
Las Vegas, NV 89154-2007
(702) 895-5575