UNIVERSITY OF NEVADA LAS VEGAS POLICE DEPARTMENT

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 of Nevada Las Vegas Police Department, have made a voluntary request to ride as a guest in a vehicle assigned to the University of Nevada Las Vegas Police Department and accompany a member or members of the University of Nevada Las Vegas Police Department during the performance of their official duties, and

WHEREAS, the University of Nevada Las Vegas Police Department 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 of Nevada Las Vegas Police Department 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 of Nevada Las Vegas Police Department 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 of Nevada Las Vegas Police Department 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 of Las Vegas Police Department during the performance of their official duties.

2. That the State of Nevada, University of Nevada Las Vegas, Administrative Head of the University of Nevada Las Vegas Police Department, his sureties, all members of the University of Nevada Las Vegas Police Department, 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 of Nevada Las Vegas Police Department 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 of Nevada Las Vegas Police Department.

3. For myself, my heirs, executors, administrators, and assigns to defend and indemnify the State of Nevada, University of Nevada, Administrative Head of the University of Nevada Las Vegas Police Department, his sureties, all members of the University of Nevada Las Vegas Police Department, 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 of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the University of Nevada Las Vegas Police Department or while accompanying any member or members of said University of Nevada Las Vegas Police Department 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? ____________

B. Do you know what this paper is that you are signing? ____________

C. What is this paper which you are signing? ____________ (Write here: “WAIVER OF ALL DAMAGE CLAIMS”)

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 of Nevada Las Vegas Police Department vehicle? ____________

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.

________________________________________
(Signature/date of rider)  __________________________________________
(Print last name, first name of Officer or witness)

________________________________________
(Signature/date of rider’s parent or guardian)  __________________________________________
(Signature/DATE/datepicker of approving supervisor)

UNLV PD (REV 12/18)
To Whom It May Concern:

I, authorize you to furnish any University of Nevada Las Vegas Police Department background investigator, or other duly appointed representative of the University of Nevada Las Vegas Police Department conducting my background investigation, any information relating to my activities from individuals, schools, employers, criminal justice agencies, credit bureaus, collection 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 psychological evaluation and polygraph test results, 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 employment. Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department in determining my qualifications and fitness for the position I am seeking. This includes individuals identified by the UNLV Police Department representative, who might have information about my suitability for employment.

N.R.S. 239B STATES THAT UPON REQUEST OF A LAW ENFORCEMENT AGENCY, AN EMPLOYER SHALL PROVIDE TO THE LAW ENFORCEMENT AGENCY INFORMATION, IF AVAILABLE, REGARDING A CURRENT OR FORMER EMPLOYEE OF THE EMPLOYER WHO IS AN APPLICANT FOR THE POSITION OF PEACE OFFICER WITH THE LAW ENFORCEMENT AGENCY. FURTHERMORE, N.R.S. 41.755 STATES, AN EMPLOYER WHO DISCLOSES INFORMATION REGARDING AN EMPLOYEE TO A LAW ENFORCEMENT AGENCY PURSUANT TO SECTION 1 OF THIS ACT IS IMMUNE FROM CIVIL LIABILITY FOR SUCH DISCLOSURE AND ITS CONSEQUENCES.

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 of Nevada Las Vegas Police Department in conjunction with employment procedures. Additionally, I understand that information obtained by the University of Nevada Las Vegas Police Department 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 of Nevada Las Vegas Police Department, 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 RELEASED SIGNED BY ME. THIS AUTHORIZATION IS VALID FOR TWO (2) YEARS FROM THE DATE SIGNED OR UPON THE TERMINATION OF MY AFFILIATION WITH THE UNIVERSITY OF NEVADA LAS VEGAS POLICE DEPARTMENT.

_________________________________________  ____________________________________________  ____________________________________________  ____________________________________________
Full Name (Print Legibly)  Social Security Number  Date of Birth  Signature

_________________________________________  ____________________________________________  ____________________________________________  ____________________________________________
Current Address (Street & City)  State  Zip Code  Home Telephone Number

STATE OF NEVADA, COUNTY OF CLARK

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE ________ DAY OF ______________________________ 20__________

BY ______________________________.

_________________________________________
NOTARY PUBLIC

Jeffrey Green
Assistant Chief of Police
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UNLV PD (REV 12/18)