



CYPRESS POLICE DEPARTMENT

Ride-Along Application for Minor Participant

Date: _____

Name: _____ DOB: _____ Sex: _____ CDL# _____

Home Address: _____ Phone: _____
(Indicate street number and name, city, state & zip code)

E-mail Address: _____

Name of Employer*: _____ Occupation: _____
**If student, name of school and grade*

Employer's Address: _____ Phone: _____
(Indicate street number and name, city, state & zip code)

In case of emergency, please contact (nearest relative, parent, or guardian):

Name	Address	Phone
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Family doctor or medical services requested, if injured or ill:

Name	Address	Phone
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Date or day and time preferred for Ride-Along: _____

Reason for Ride-Along:



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PARENT/GUARDIAN CONSENT SLIP AND LIABILITY WAIVER

I, the undersigned, being the parent or guardian of:

_____ Applicant's Name (Please Print)

do hereby give my consent and approval for my child's participation in the Cypress Police Department's Ride-Along Program, and agree to the following:

I hereby assume all risks and hazards incidental to the conduct of said activity insofar as it relates to my child. I hereby release, absolve, indemnify and hold harmless the City of Cypress, the City of Cypress Police Department, officers and employees, any and all of them from any damage and/or liability arising out of or in connection with the participation of my child in said activity.

In the event of injury to my child, I assume the responsibility therefore, and hereby waive any and all claims for damages or loss against the City of Cypress, the Cypress Police Department and its officers and employees. Upon request, I will furnish a certified copy of a birth certificate for my child. My child has the following disabilities:

The undersigned does hereby agree that information viewed on the mobile digital computer screen during the ride-along is confidential, and is not to be shared with anyone outside of law enforcement. In addition, the undersigned is restricted from utilizing the mobile digital computers or any of the information contained within. **Please note, an approved ride-along participant is required to be suitably dressed in business casual attire. Sandals, T-shirts, tank tops, shorts and ripped/torn clothing is not permitted.**

In case of emergency, I hereby authorize the Cypress Police Department to seek medical attention for my child.

Name of Parent or Guardian: _____

Signature _____ Date: _____