



**RIDE-ALONG PROGRAM
STATEMENT OF VOLUNTARY CONSENT-
GENERAL RELEASE AND WAIVER LIABILITY FORM**

In CONSIDERATION of my participation in the Florida State University Police Department Ride-Along Program, which entitles me to be present in the Florida State University Police Department patrol vehicles during the actual working hours of the police officer on patrol and to be present in the Florida State University Police Department and observe the activities of the Police Department, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I, _____ having actual knowledge and conscious appreciation of the particular dangers involved in police patrol which could result in verbal abuse, physical abuse and the loss of my life, do hereby agree and voluntarily consent to my participation in the Florida State University Police Department Ride-Along Program and assume the risks arising there from as well as hereby hold(s) harmless and release(s) and forever discharge(s) the Florida State University, Florida Board of Regents, and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Florida State University and the Florida Board of Regents, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and the heirs, representatives, executors and administrators thereof, or any other persons acting in behalf, or in behalf of their respective agents, have or may have against the said Board of Regents of the Florida State University System, or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury or death, or any other consequences arising or resulting directly or indirectly from participation in the Florida State University Police Department Ride-Along Program under the auspices of the Florida State university, and occurring during said participation, or at any time subsequent thereto.

I, AGREE and HEREBY, further declare and represent that I am on notice, this being evidence and acknowledgement thereof, that the Florida State University has no medical insurance that covers me. The Florida State University has strongly recommended to me that I obtain medical insurance prior to participating in the Florida State University Police Department Ride-Along Program.

- 1.) I acknowledge and understand that by participating in this program I am exposing myself to all risks normally associated with police activity and I expressly assume such risks.
- 2.) I understand that while participating in this program I will be assigned to one or more police officers and I agree that I will, at all times, follow the instructions and obey all commands, without question, issued by the officers or by superior officers.
- 3.) I further understand that I am responsible for conducting myself in the following manner:
 - a) I shall, at all times, be clean and neatly dressed. Where questions arise pertaining to suitability of attire, the final decision will be made by the Shift Commander.
 - b) I shall not carry or possess weapons of any kind while participating as an observer in the Ride-Along Program.



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4.) I hereby acknowledge, understand, and consent for a criminal background investigation to be conducted by the Florida State University Department of Pubic Safety. Any and all unfavorable formation obtained could result in me being denied participation in the Department of Public Safety Ride-Along-Program.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Wavier of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstance involved in my participation in the Florida State University Department Police Department Ride-Along Program and that I have read this statement, understood its contents, and execute it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on

this the _____ day of _____ 20____.

Witness Signature

(Signature of Participant)

Witness Signature

(Address of Participant)

