

RIDE-ALONG APPLICATION & WAIVER

California Private Security, Inc.

Applicant Name _____ Phone _____

Address _____

Date of Birth _____ Driver's License # _____

Parent/Guardian Signature (if under 18) _____

Emergency Contact / Relation _____

Name _____ Phone _____

Address _____

Alternate # _____ Cell Phone # _____

What is your interest as an observer?

Interested Citizen

Police Science Student

Student and the Law Program

Other Agency

Other _____

AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE/WAIVER AND RELEASE OF CLAIMS: I fully understand that my participation in a ride-along event with California Private Security, Inc. exposes me to the risk of personal injury, property damage, or death. I hereby acknowledge that I am voluntarily participating in the ride-along, and expressly agree to assume any such risks.

In consideration for being permitted to participate in the ride-along, I hereby release and forever discharge California Private Security, Inc., its officers, employees, agents, and volunteers for any injury, death, or damage to/loss of personal property arising out of or in connection with my participation: including active or passive negligence of California Private Security, Inc, its officers, employees, agents, volunteers or any other participants in the event.

In further consideration for being allowed to participate in the ride-along, I hereby agree for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless California Private Security, Inc., its officers, employees, agents, and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the event brought by any third party.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. DURING MY PARTICIPATION IN THE RIDE-ALONG EVENT, I HEREBY AGREE TO FOLLOW ALL OF THE LAWFUL COMMANDS OF ANY EMPLOYEE OF CALIFORNIA PRIVATE SECURITY AND FURTHER AGREE THAT I WILL NOT BRING WITH ME ANY FIREARMS, WEAPONS OR ILLEGAL ITEMS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature _____ Date _____

Parent/ Guardian (if under 18) _____

CNI DMV ATTACHED EMP # DATE

Application Reviewed By _____ Date _____

Approved Not Approved

Reason (for "Not Approved" only) _____

Assigned to _____ Emp # _____ Date _____

Shift _____ ****{ Make any additional comments on the reverse side of this form }****