



University Police Department
777 Glades Road, Building 69
Boca Raton, FL 33431
tel: 561.297.3500
fax: 561.297.4888
www.fau.edu/police

CITIZEN RIDE-ALONG REQUEST

Form fields for personal information: Last Name, First Name, MI, Date of Birth (Must be 18), Permanent Street Address, Apt. #, DL # & Issuing State, City, State, Zip, Primary Phone

I, _____, would like to ride along as a civilian with an officer of the Florida Atlantic University Police Department on the following date and time _____, for one of the following reasons:

- Interpretation of checkboxes: Internship, Employment Purposes, Course Credit Requirement, Other: _____

I have read and signed the release from liability form and fully understand the provisions set forth by the Florida Atlantic University Police Department.

Applicant's Signature _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Verification checklist: NCIC/FCIC Check, PALMS Check, BSO Check, FAU Check, FAUPD Release Form, FDLE Training Certificate. Includes fields for Verified by and Initials.

Comments: _____

Approval checkboxes: Approved, Not Approved. Includes fields for Date & Time, Reason(s) for denial, and Officer.

Chief of Police or Designee _____ Date _____



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RIDE-ALONG WAIVER & RELEASE FROM LIABILITY

I, _____, on my behalf and on behalf of my heirs, next of kin, executors, administrators, agents, assigns and representatives of any nature whatsoever, for and in consideration of the authorization and permission granted to me by the Florida Atlantic University Police Department ("FAUPD") to accompany one or more officer(s) of the Department during the course of police duties, which permission has been granted to me at my voluntary request, and being fully aware of the potential hazards of such activity, including the risk of serious physical injury, death, property damage or loss which may arise during or from law enforcement activities, do WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever (the "claims"), whether in law or in equity, that I or my heirs, next of kin, executors, administrators, agents, assigns and representatives of any nature whatsoever might otherwise have against Florida Atlantic University, the Board of Regents of the State of Florida and any of their representatives, officers, agents and employees, including the FAUPD and each and every one of its officers, officials, members, employees, agents and attorneys, whether any such claims are or were foreseeable or not and whether any such claim is or was attributable to the negligence, action or inaction of any kind of any of the foregoing, which may occur, directly or indirectly, or develop at any time in the future, as a result of my activities or association with the FAUPD.

I expressly understand and agree that this WAIVER AND RELEASE applies for the express purpose of precluding forever all claims that I or my heirs, next of kin, executors, administrators, agents, assigns and representatives of any nature whatsoever might otherwise assert against any of the foregoing as a result of my association, activities, or both with the FAUPD.

I have read the terms of this WAIVER AND RELEASE and freely and voluntarily enter into it and accept its terms. By my signature below, I also agree and acknowledge that I have received a copy of it.

In further consideration of the authorization and permission granted to me to accompany one or more officers of the FAUPD during police functions, I promise and agree to fully comply with all instructions given to me by any such officer(s) for my personal safety and that of my property.

I further represent, warrant and state that I am eighteen (18) years of age or older.

IN WITNESS OF THE FOREGOING, I have signed this document on _____, _____

Signature

This WAIVER AND RELEASE must be acknowledged by the Chief of Police, or designee, of the Florida Atlantic University Police Department.

ACKNOWLEDGED BY THE
FLORIDA ATLANTIC UNIVERSITY
POLICE DEPARTMENT

By: _____

As: _____