

University of Arizona Police Department

Citizen Observer Waiver of Liability

Date of Request: _____

Persons wishing to participate must provide the following information and be approved for participation. Processing this request will include a criminal records check. The University of Arizona Police Department may deny any request or terminate the observer's participation at any time. Requests must be made a minimum of seven (7) days prior to requested date. Persons submitting this completed form will be notified three days prior to the observer date whether the request is granted or denied.

Persons approved to participate must wear proper attire (no shorts, open toe shoes, t-shirts, or revealing clothing), an observer vest, provided by UAPD (*not applicable to current law enforcement or Dispatch observer*) and carry approved photo identification (driver's license or other government issued ID) during the observer period.

Full name (Maiden): _____ DOB: _____ *SSN: _____

Home address: _____ Work/School: _____ Driver's license #: _____

State: ___ Home Phone: _____ Work phone: _____ Do you have any physical limitations that would impact your ability to safely participate in this program? Yes: ___ No: ___

If "Yes, explain:

***SSN information is requested to facilitate a criminal history check. You may choose not to provide this information, however, this may hinder the ability to conduct a records check and approve the request**

REASON FOR REASON FOR OBSERVATION

OFFICER/EMPLOYEE- SHIFT DESIRED (In order of preference). Ride along may be limited in length due to operational necessities.

1. Officer/Employee-Shift: _____ Date: _____ Time: _____
2. Officer/Employee-Shift: _____ Date: _____ Time: _____
3. Officer/Employee-Shift: _____ Date: _____ Time: _____

PRIOR TO THE TOUR OF DUTY, THE BELOW STATEMENT MUST BE READ AND SIGNED BY THE CITIZEN

The undersigned acknowledges that accompanying a police officer on patrol is an inherently dangerous activity that can cause serious personal injuries or even death from risks such as contact with criminal suspects and other third-parties, high speed chases, vehicular maneuvers, exposure to armed individuals, and other activities engaged in by police officers. In consideration of being allowed to accompany and observe a University of Arizona Police Department (UAPD) officer/employee performing duties, I, for myself and on behalf of my heirs and estate, hereby agree to assume the risks described herein, and I release the University of Arizona, the Arizona Board of Regents, and all employees, agents and servants of both, from any and all injuries, liabilities, damages, and other claims, which I may sustain while accompanying a UAPD officer on patrol. I further agree that I will not:

- 1) Carry a weapon of any type during the time of my scheduled tour, even if said weapon is duly licensed or I am otherwise authorized by law to possess and carry such weapon (excluding active Arizona certified police officers and federal law enforcement),
- 2) Audio, video, or otherwise record in any manner, any portion of my tour (unless prior approved by UAPD Public Information Officer) and
- 3) Disclose to any third-party crime scene or other information overheard or observed during the observer period.

I further agree to obey all orders and directives of UAPD employees and acknowledge that my tour may be terminated at any time in the sole discretion of the UAPD.

DATE: _____

SIGNATURE: _____

[IF UNDER 18] I, the parent, guardian, or legal custodian of the minor signing above assent to the above waiver and agree to the terms stated above.

DATE: _____

SIGNATURE: _____

THIS SECTION FOR INTERNAL USE ONLY

Records check made by: _____ Date/time: _____

CHAIN OF COMMAND APPROVAL

Lieutenant: _____ Date/time: _____

Assistant Chief: _____ Date/time: _____

Citizen advised of approval/denial by: _____ Date: _____

THE COMPLETED FORM SHALL BE SENT TO THE OFFICER/EMPLOYEE PRIOR TO TIME OF OBSERVER PARTICPATION.

THIS SECTION TO BE COMPLETED BY ASSIGNED OFFICER/EMPLOYEE UPON CONCLUSION OF OBSERVER

Observer Date: _____ Times: _____ + Officer/PR#: _____

Comments:

AT THE COMPLETION OF THE RIDE ALONG THIS FORM SHALL BE FORWARDED TO DISPATCH FOR FILING