

CALIFORNIA STATE UNIVERSITY, FRESNO
POLICE DEPARTMENT
2311 E BARSTOW AVE, M/S PO14
FRESNO, CA 93740-8004
(559) 278-8400



CITIZEN RIDE ALONG RELEASE FORM

PARTICIPANT INFORMATION

NAME _____ PHONE NUMBER _____
ADDRESS _____ DRIVER'S LICENSE # _____
CITY _____ DATE OF BIRTH _____
STATE _____ ZIP CODE _____

EMERGENCY CONTACT

NAME _____ PHONE NUMBER _____
RELATIONSHIP _____

REASON FOR RIDE-A-LONG

CLASS JOB RELATED OTHER _____

In consideration of being allowed to participate in the Citizen's Riders Program, I, _____, hereby release, hold harmless and forever discharge the State of California, the Trustees of the California State University and each and every officer, agent, and employee of each of them (hereinafter collectively referred to as the "State") from all claims, causes of action, or demands of every kind which I may have in the future or that of any person claiming through me may have in the future against the State by reason of any injury to person or property, or death, in connection with participation in the above described activity. I also understand that pursuant to 1.6.1 .D.3 of the Department of Justice, California Law Enforcement Telecommunications System, I may be subject to a Criminal History Check before participating in the Ride Along.

By signing below, I acknowledge that I have read this Release and understand the terms used in it and their legal significance. This release is freely and voluntarily given with the understanding that rights to legal recourse against the State are knowingly given up in return for allowing my participation in the activity described above.

SIGNATURE _____ DATE _____

(OFFICIAL USE ONLY)

RECORDS CHECK APPROVED DISAPPROVED
SUPERVISOR/OIC _____ DATE _____

RIDE ALONG INFORMATION

OFFICER _____ DATE _____