



# COLORADO STATE PATROL CITIZEN RIDE-ALONG RELEASE



Name of Citizen (Last, First, MI)		Date of Birth
Street Address		Home Phone
City, State, Zip Code	Social Security Number	Work Phone
Why are you requesting to ride with a Colorado State Patrol officer? _____ _____		
<b>Check Applicable Box Below:</b>		
<input type="checkbox"/> Media Member	<input type="checkbox"/> Legislative Personnel	<input type="checkbox"/> Law Enforcement Agency Personnel
<input type="checkbox"/> Court Personnel	<input type="checkbox"/> D.A.'s Office Personnel	<input type="checkbox"/> CSP Applicant Selected to Attend Academy
<input type="checkbox"/> CSP Recruit	<input type="checkbox"/> Other: _____	
Who should we contact in case of an emergency? (Name and phone number)		

**Law enforcement is an inherently dangerous profession. Due to the possible dangers, anyone choosing to participate in the Citizen Ride-Along Program must understand and assume the risks involved.**

**Citizen must initial and sign before request can be processed.**

Citizen's Initials

I hereby release the State of Colorado, CDPS, the Colorado State Patrol, and its employees, agents, and officials, in their individual and official capacities, from any and all claims, causes of action, liabilities, expenses, or damages incurred while participating in a ride-along with a Colorado State Patrol member or which in any way relates to this Agreement. I understand that I will be responsible for any personal medical costs which may be incurred.

\_\_\_\_\_

I agree to prevent any undue embarrassment to any person as a result of being contacted by the State Patrol. This will involve non-disclosure of the identity of a contacted person unless disclosure is approved by the contacted person or Patrol member conducting the ride-along.

\_\_\_\_\_

I agree to abide by the instructions of the Patrol member conducting the ride-along. Failure to comply with the Patrol member's instructions will result in termination of the ride-along.

\_\_\_\_\_

I acknowledge that the ride-along may be terminated at any time for any reason by the Patrol member or a Patrol supervisor.

\_\_\_\_\_

Citizen's Signature

Parent/Guardian's Signature (If citizen is a minor)

Date

**THIS SIDE FOR PATROL USE ONLY**

**CITIZEN CRIMINAL HISTORY/BACKGROUND CHECK**

General	Wants/Warrants	Criminal History
<input type="checkbox"/> Driver's License (If applicable)	<input type="checkbox"/> NCIC	<input type="checkbox"/> QH NCIC
<input type="checkbox"/> Driver's History (If applicable)	<input type="checkbox"/> CCIC	<input type="checkbox"/> QH CCIC
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

*Attach Supporting Documentation to this Request Form*

\_\_\_\_\_  
 Patrol Member Conducting Background Check (Print Name) \_\_\_\_\_  
 Date

- This ride-along for the purpose of enlisting support for Colorado State Patrol programs or to increase public interest in traffic safety issues is hereby **approved**. Approval is contingent upon the signing of this agreement by the citizen prior to participating in the Citizen Ride-Along.
- This ride-along is hereby **disapproved**.

\_\_\_\_\_  
 Troop Commander's Signature \_\_\_\_\_  
 Date

Date of Ride-Along:	Start Time of Ride-Along:	Duration of Ride-Along:
Assigned to:		District and Troop:

Patrol Member's Comments (Completed after conducting Citizen Ride-Along):  _____ _____
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\_\_\_\_\_  
 Signature of Trooper conducting the ride-along \_\_\_\_\_  
 Date