



Confidentiality Agreement

I, _____ acknowledge my participation during this *Ride-A-Long* may give me the opportunity to see or hear information of a sensitive or confidential nature. With this in mind, I will respect the privacy concerns of those I come into contact with along with information I may learn during this *Ride-A-Long*. I will not divulge information learned during this *Ride-A-Long*.

I additionally understand information that I may view or hear could be vital to the overall investigation. Therefore, I agree that I will not discuss or divulge names, locations, or specific elements of any investigation I may be privy to during the course of this *Ride-A-Long*. I understand and acknowledge that failure to abide by this confidentiality agreement may subject me to legal action.

I understand that during the course of this *Ride-A-Long*, I may observe activity that could be of evidentiary value. I may be utilized as a witness to an incident and my testimony may be needed during a civil or criminal proceeding.

My signature below affirms that I have read and understand the contents of this confidentiality agreement.

Print Name

Signature

Date

Bend Police Department
555 NE 15th Street, Bend, OR 97701
(541) 322-2960 (Tel)
(541) 322-2998 (Fax)



Ride-A-Long Rules

I _____ agree to the below listed rules during my ride-a-long with the City of Bend Police Department. (Please initial after each Rule).

- I agree to remain in the vehicle at all times unless instructed to get out by the Officer. _____
- I will comply with all directions given to me by the Officer. _____
- I will not operate any equipment, unless an Officer's safety is an issue or I receive the Officer's permission to do so. _____
- I will be an observer. I will not become involved verbally or physically unless an Officer's safety is an issue or if directed to do so by an Officer. The City of Bend will not be liable for a Ride-A-Long participant's unauthorized intervention. _____
- I will wear business casual attire (*no jeans are allowed*) and the issued Ride-A-Long jacket at all times when in the field. _____
- I will not enter or remain in locations that are open to the public or places where I have not obtained consent to enter. _____
- I understand that police work can be inherently dangerous and the Officer may need to terminate my Ride-A-Long if the situation becomes too hazardous. _____
- I understand I am not to carry any weapon or firearm unless I am a certified Police Officer in the State of Oregon and have received authorization by the Bend Police Department Watch Commander. _____

Print Name

Signature

Date

Bend Police Department
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OFFICER SIGNATURE

DATE RIDE COMPLETED

**WAIVER AND RELEASE OF ALL CLAIMS FOR
PERSONAL INJURY AND PROPERTY DAMAGE**

I _____ am under/over the age of 18 and am not a member of the Bend Police Department. I have made a voluntary request to ride as a guest in a Bend Police Department vehicle and to accompany a member or members of the Bend Police Department during the performance of their official duties ("ride-along").

In consideration of the permission given to me to participate in the ride-along, I release the City of Bend, its officials, agents and employees, from any claim for any loss, damages, injuries, liability or expense to me or my property related in any way to the ride-along, including claims for any negligence by the City of Bend or its officials, agents and employees. I understand that the ride-along may place me in a dangerous situation(s) that may involve violence, use of weapons, and other conditions of heightened risk of injury or damage and voluntarily accept those risks.

I agree to hold harmless and indemnify the City of Bend, its officials, agents and employees from loss, damages, liability or expense incurred or claimed by anyone for the reason of any damage or injury caused by me.

**I AUTHORIZE THE BEND POLICE DEPARTMENT TO CONDUCT A COMPLETE CRIMINAL HISTORY
RECORD CHECK ON MYSELF**

FULL NAME: _____ DATE OF BIRTH: ____/____/____
(please print)

DRIVER'S LIC. NO: _____ STATE: _____ PHONE NUMBER:(____)____-____

DATE: ____/____/20____ _____
Signature

*******PARENT OR LAWFUL GUARDIAN OF MINOR*******

I, _____, the parent or lawful guardian of _____, a minor, have read and fully understand the above waiver and release and give my consent, including my consent to the criminal history record check.

Date Signature of Parent or Lawful Guardian

*******OFFICE USE ONLY *******

RECORD CHECK COMPLETED: _____ APPROVED DENIED
(Date)