

MARYSVILLE POLICE DEPARTMENT  
316 6<sup>TH</sup> Street  
Marysville, California 95901

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CITIZEN RIDE-ALONG PROGRAM

The Marysville Police Department has instituted a Citizen Ride-Along Program to allow members of the community an opportunity to ride with and observe our police officers as they provide service to the community.

The following guidelines have been developed to ensure the safety of our citizens and quality of the Marysville Police Department's overall service to the community.

1. All Citizens wishing to participate in the Ride-Along Program, must first fill out a Citizen Rider Application, and then obtain approval from the Watch Commander of the shift they wish to ride. This approval process may take several days and the Watch Commander will schedule your ride as to not conflict with other departmental responsibilities.
2. Citizens are restricted to a maximum of 8 hours Ride-Along time during any calendar month and no more than 12 hours during any calendar year.
3. Eligibility to participate in the Ride-Along Program will be restricted to residents of Marysville or members of the Marysville High School Civics Class; however, individuals not residing in Marysville may be permitted to participate if circumstances warrant approval by the Watch Commander.
4. AGE: All applicants must be 15 years of age or older.
5. All persons participating in the Ride-Along Program must read, understand and sign the Marysville Police Department Declaration of Assumption of Risk and Assumption of Liability form before actually participating in any Ride-Along action.
6. Ride-Along Participants must agree not to discuss the names of persons involved in police cases or incidents. Ride-Along Participants will be considered confidants of the police department and it is essential that all matters pertaining to evidence or statements gathered in any investigation be held confidential.
7. Observers must not leave the vicinity of the patrol vehicle unless directed to do so by a police officer.
8. The participant or officer may terminate the Ride-Along at any time.
9. Ride-Along Participants are required to be neatly dressed. Jeans are acceptable as long as they are in good condition. Button-front shirts, neat polo shirts or pullover sweater are recommended. "T-shirts" are not acceptable. If you show up inappropriately attired, the Watch Commander may not approve your participation.
10. Photographic and Recording Equipment are expressly forbidden, as use of such equipment may constitute an invasion of privacy of subjects involved in police investigations.

Exceptions to the above restrictions may only be made by the Chief of Police or Operations Division Commander. The Marysville Police Department reserves the right to refuse any application for the Ride-Along Program. Participation in this program is a privilege, not a right.

MARYSVILLE POLICE DEPARTMENT  
DECLARATION OF ASSUMPTION OF RISK  
AND ASSUMPTION OF LIABILITY

**READ THIS DOCUMENT IN FULL BEFORE SIGNING**

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I, \_\_\_\_\_, the undersigned declare as follows:

I am \_\_\_\_\_ years of age and am not a member of the Marysville Police Department. I have made a voluntary request to participate in the Ride-Along Program of the Marysville Police Department, during which, I understand I will accompany any member of the Marysville Police Department to whom I am assigned during the performance of his/her duties, which may include riding with said officer in a police vehicle.

I understand that the Marysville Police Department will allow me to participate in the Ride-Along Program only on the condition that I assume the risks involved in the participation and that I will release the City of Marysville, its officers, agents, and employees from liability, as specified below, and I agree to participate in the Ride-Along Program on these conditions.

I understand that the duties of members of the Marysville Police Department are inherently dangerous and that I may be subjected to the risk of death, personal injury and/or damage to my personal property during my participation in the Ride-Along Program. I further understand that such risks may arise from, but not limited to, the use of weapons, firearms, acts and forcible resistance from criminal suspects, civil disturbance, explosion, electrocution, the escape of radioactive or hazardous materials, the effects of wind, rain, fire, gas, and/or vehicular collision, and I freely and voluntarily assume all of the known and unknown inherent risks whether or not they are listed above.

In consideration of my being permitted to participate in the Ride-Along Program, I hereby for myself, my heirs, executors and administrators release the City of Marysville, its officer, agents, and employees from any and all liability for any damage and/or injury which I may receive while participating in the Ride-Along Program.

I further stipulate and agree, while participating in the Ride-Along Program, to be bound by all orders, rules and regulations concerning my participation and to promptly obey all instructions of any police officer to whom I am assigned.

I have read and understand the contents of this document and sign below of my own free will. I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Marysville, California.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent of Guardian

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**CITIZEN RIDE-ALONG APPLICATION**

Application Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address (City, State, Zip): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
California Driver's License Number: \_\_\_\_\_  
Please list any other names used: \_\_\_\_\_

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**NOTIFICATION IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_  
Address (City, State, Zip): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RIDER'S PERTINENT MEDICAL HISTORY:** (Please list allergic reactions to medications, blood type, chronic conditions, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIDE DAY AND TIME PREFERENCE: \_\_\_\_\_

Civics Class Ride-Along  Yes  No

For Office Use Only – Do Not Write In This Box

Records Checked: DMV: \_\_\_\_\_ NCIC: \_\_\_\_\_ Warrants: \_\_\_\_\_ Criminal History: \_\_\_\_\_  
Checked by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date Scheduled to Ride: \_\_\_\_\_ Shift: \_\_\_\_\_  
Number of hours actually rode: \_\_\_\_\_ With Officer: \_\_\_\_\_