



# SOUTHERN CHESTER COUNTY REGIONAL POLICE DEPARTMENT

8934 GAP NEWPORT PIKE  
LANDENBERG, PENNSYLVANIA 19350  
PHONE: 610-268-2907



# Ride-Along Request Forms

- *Ride-Along Warnings*
- *Ride-Along Rules*
- *Witness Advisory,*
- *Confidentiality Agreement*
- *Release of Liability and Damages*



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## RIDE-ALONG WARNINGS

Persons requesting to participate in a ride-along with a police officer are hereby warned that there are serious risks inherent to law enforcement which you may be exposed to during your ride-along experience. The Southern Chester County Regional Police Department is committed to the protection of Human Life; *it's our first core value...*

However, The Southern Chester County Regional Police Department and it's employees cannot predict and/or safeguard from every tragic event. Police officers are exposed to events that put their lives in danger. Police officers are often seriously injured and/or killed in the line of duty; the National Law Enforcement Officers' Memorial estimates that one police officer is killed in the line of duty somewhere in the United States every 56 hours.

By your initials, **the PARTICIPANT acknowledges the aforementioned warnings and understands that by participating in a ride-along event** with The Southern Chester County Regional Police Department they may be exposed to conditions that may cause you serious physical injury and/or your death. \_\_\_\_\_

## WITNESS ADVISORY

Persons requesting to participate in a ride-along with a police officer are hereby advised that they may be exposed to events that require them to provide a statement and/or witness testimony at future legal proceedings.

By your initials, **the PARTICIPANT acknowledges and agrees to cooperate with any and all legal proceedings originating from your participation in a ride-along** with The Southern Chester County Regional Police Department. \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

Persons requesting to participate in a ride-along with a police officer are hereby advised that they may be exposed to events and/or information that are restricted. The Southern Chester County Regional Police Department and its employees shall take every precaution to protect sensitive information.

By your initials **the PARTICIPANT agrees not to disseminate confidential information** beyond The Southern Chester County Regional Police Department. \_\_\_\_\_

***“UNITED TO SERVE OUR COMMUNITIES WITH EXCELLENCE.”***



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## RIDE-ALONG RULES

1. All PARTICIPANTS(s) shall be neatly attired (no offensive garments) and groomed or will not be permitted to participate in the ride-along program.
2. The PARTICIPANT shall follow any and all directions given to them by the officer to whom they are assigned or other Southern Chester County Regional police officers who may give such directions.
3. Cameras and recording devices shall not be permitted on the ride-along.
4. The PARTICIPANT shall not interfere with the officers while in the performance of their duties. If at all possible, the PARTICIPANT is to avoid becoming directly involved in any physical altercations or arrest situations unless given a specific order by a police officer.
5. The PARTICIPANT is encouraged to ask questions. The officer should use their discretion with respect to confidentiality of the department, the New Garden Township, the West Grove Borough, and any victims, witnesses, suspects or defendants encountered during the ride-along experience.
6. The PARTICIPANT will remain inside the police vehicle, unless otherwise instructed by the officer.
7. The PARTICIPANT(s) violating any of the Ruse of Conduct may, at the discretion of the office, be returned to Police Headquarters.

By your initials, the PARTICIPANT agrees to comply with The Southern Chester County Police Department's Ride-Along Rules. \_\_\_\_\_

Ride Along Purpose: \_\_\_\_\_

Records Inquiry: \_\_\_\_\_

Date & Time preferred: \_\_\_\_\_

Approved Date & time Scheduled: \_\_\_\_\_

Police Officer(s) Assigned: \_\_\_\_\_

Recurring event:     Y                     N                     Duration: \_\_\_\_\_

Release of Liability & Damages Signed: \_\_\_\_\_

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## Release of Liability and Damages For Police Ride-Along Program

Please read this carefully. As a prospective ride-along civilian, it is necessary that you sign this release of Liability and Damages before you are permitted to ride along with any Southern Chester County Regional Police Officer(s). By signing this document, you are relieving the Township of New Garden, Borough of West Grove, Southern Chester County Regional Police Department, and any of its employees or agents of any responsibility of liability for any injury, which could occur to you, either by your own fault or the fault of another while on the Ride-Along Program.

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The "Releaser" request permission of the Southern Chester County Regional Police Department to ride-along with any Southern Chester County Regional Police Officer, and does hereby release and discharge forever and covenants not to sue, the Township of New Garden, Borough of West Grove, Southern Chester County Regional Police Department, their employees, agents, servants, and all successors and assigns the "releases", from all suits, judgments, obligations, liabilities, and any and all causes of actions, whatsoever.

Release agrees to indemnify, save and hold harmless, the Releasees from any loss, liability, damage, or cost they may incur due in any way or purpose participating in the Ride-Along Program, and whether caused by the negligence of the Releasees or otherwise. The Releaser HEREBY ASSUMES FULL RESPONSIBILITY FOR and RISK OF BODILY INJURY, DEATH OR PROPERTY damage due to negligence of Releasees or otherwise while in any way or purpose of their participation in the Ride-Along Program. I do hereby bind myself, my heirs, executors, to this Release of Liability and Damages.

**In Witness where-of, and legally bound hereby, I have set my signature this** \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Chief of Police: \_\_\_\_\_

### Administrative Use

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ DLN: \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_