



Todd Justice  
Chief of Police

NICHOLASVILLE POLICE DEPARTMENT  
510 North Main Street  
Nicholasville, Kentucky 40356  
(859) 885-9467  
police@nicholasville.org



State Accredited Law  
Enforcement Agency

### LIABILITY WAIVER

- RIDE-A-LONG
- OCCUPANT PROTECTION
- CHILD SAFETY SEAT

In consideration of the privilege being granted me by the Chief of Police of Nicholasville, Kentucky, to be a passenger in a police vehicle, I hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am approaching, entering, riding, or being on, disembarking from or leaving, or being about any vehicle or property of said Nicholasville Police Department, while I am using, intending to use, or have used this privilege, and release said City of Nicholasville, Chief of Police, his officers, his employees, agents and servants from any liability and will indemnify and save harmless said City of Nicholasville and all others as aforementioned.

It is understood and agreed by me that the privilege granted me to ride in a police vehicle may be revoked at anytime by the Chief of Police of Nicholasville, Kentucky, or his authorized representatives. I further acknowledge that I have been made aware of the safety concerns associated with child passengers being placed in police cruisers and hereby release the aforementioned of any liability or responsibility under any circumstances whatsoever to the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property any family members of the undersigned, incurred while being a passenger in a police vehicle.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the Nicholasville Police Department.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name(s) / Age(s) of Dependent Children  
(under the age of 18)

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

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Signature of Officer's Spouse or Child's Guardian

\_\_\_\_\_  
Printed Name of Officer

\_\_\_\_\_  
Printed Name of Officer's Spouse or Child's Guardian

\_\_\_\_\_  
Witness (Employee Supervisor)

Request for Ride-A-Long  
Nicholasville Police Department  
Waiver of Liability

I, (print full name) \_\_\_\_\_, (address) \_\_\_\_\_, do hereby request permission of the Nicholasville Police Department to observe the activities of officers of the Nicholasville Police Department while on duty. In consideration of such permission, I agree to follow all instructions given by any officer; I accept full responsibility for my own safety; I waive my rights or claims in the event of any accident, incident, or injury, and I do hereby release the Chief of the Nicholasville Police Department, his successor, the Nicholasville Police Department, the City of Nicholasville, Kentucky and all individual members of the Nicholasville Police Department from any and all liability for any injury that I might sustain while observing police activities. I understand that police activities are sometimes dangerous and I hereby assume the risks associated with observing them. I also understand that a criminal record and/or warrant check shall be conducted before I am allowed to ride. In the unlikely event of an accident or injury, I hereby authorize the Nicholasville Police Department to take me to (medical center) \_\_\_\_\_ and to notify (name) \_\_\_\_\_ at (phone) \_\_\_\_\_. I have read the above waiver and agree to follow the instructions I am given. I understand that in the event that I am injured, I am forfeiting any right to sue the parties named or described above, even if my injury occurs as a result of their negligence.

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

Sex: Male Female Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

\*CPA Graduate Yes No Referred by Officer: \_\_\_\_\_

Date Ride is Requested: \_\_\_\_\_

Time Ride is Requested: Morning Afternoon A. Afternoon B Night  
(circle one) 6 am – 4 pm 11 am -9 pm 4 pm – 2 am 9 pm – 7 am

Date of Previous Ride-A-Long (if applicable) \_\_\_\_\_

Chief of Police: Approved Denied

Operations Captain Assignment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Forwarded to: Officer Assigned: \_\_\_\_\_

If Denied, notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

- Checklist:  Application / Liability Waiver
- Criminal Background
- Instruction Sheet

CRIMINAL HISTORY CHECK FOR RIDE-A-LONG

A criminal history check is required in order to ride with any Nicholasville Police Officer. Please supply the following information in order to complete the criminal history check. This information will not be used for any other purpose.

\_\_\_\_\_

Print Name	Social Security No.	Date of Birth	Sex	Race
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Home Address	City	State	Zip
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Home Phone	Work Phone
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Employer	Address	City	State
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Reason for Request \_\_\_\_\_

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Dated at Nicholasville, Kentucky this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By signing this form,

I authorize the Nicholasville Police Department to conduct a Criminal History Background Check to determine my eligibility to participate in a ride-a-long.

Signature	Date	Witness
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