

DATE

KENT STATE UNIVERSITY
POLICE SERVICES

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Ridership Waiver Form

You should know that the majority of police work you will observe is routine in nature. Riding on patrol, in a marked police vehicle with a uniformed police officer, can place you in the same unexpected danger as the police officer with you. You may expect to go wherever the officer goes. If the officer is involved in a situation involving undue danger, you may be asked to remain in the police vehicle to ensure your safety. It is possible that the officer may ask you to remain behind in a safe place while the officer responds to an extremely dangerous situation.

You are an observer. You must not verbally or physically become involved in any incident. Your experience is limited to four (4) hours. The department will attempt to accommodate your preferences in shifts and/or officers, however, the department reserves the right to assign riders and officers as they see fit. Posting to social media is prohibited during your observation time. Filling out this application authorizes Kent State University Police Services to perform a criminal background check for safety and security purposes.

In consideration for being allowed to participate in this activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever release and discharge KSU, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, physicians, and students from any injuries and/or claims that I might have myself with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising my participation in this ridership opportunity. Furthermore, in consideration for being allowed to participate in this activity, I agree to indemnify and hold Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this ridership, even if due to the negligence of Kent State University or any person serving in the above-identified capacities.

AUTHORIZATION REQUIRES AT LEAST 5 BUSINESS DAYS.

THE OFFICER-IN-CHARGE MAY DENY OR REVOKE PERMISSION AT ANY TIME.

NAME:		SIGNATURE:		
HOME ADDRESS:				
PHONE:		EMAIL:		
SSN:		DRIVER LICENSE NUMBER:		STATE:
DATE OF REQUEST:				
REASON FOR REQUEST:		PREFERRED SHIFT	PREFERRED DATE	
OFFICIAL USE BELOW THIS LINE				
UNIT RECEIVED:	DATE:	DISPATCH	DS DL CCH LERMS	UNIT
ADMIN LT	DATE:	APPROVED NOT	CONDITIONS:	
ASSIGNED SHIFT OIC	DATE:	SCHEDULED:	DATE:	

UPON APPROVAL AND SCHEDULING RETURN TO COMMUNICATIONS SECTION