



RILEY COUNTY POLICE DEPARTMENT

To reduce crime and improve the quality of life for the citizens we serve

Please complete the form and return to:

Riley County Police Department
Attn: Patrol Division Secretary
1001 S. Seth Child Road
Manhattan, KS 66502-3115
rklym@rileycountypolice.org

CITIZEN RIDE-ALONG WAIVER

Please read and complete the entire form. As a general guideline we request 14 days advance notice of any ride-along.

Your Name (Last, First, Middle)		Race	Sex			
Street Address	City	State	Zip	Age	Date of Birth	Social Security Number
Email Address		Phone Number		Driver's License Number		State
Employer/School Name		Employer Address		City	State	Zip

Reason for Ride-Along

Requested Officer's Name

GUIDELINES

1. Participants will wear professional casual clothing. Shorts, sleeveless shirts, and t-shirts are not acceptable attire.
2. Participants will be under the direct control of the police officer.
3. Participants will not be allowed to photograph, videotape, or otherwise record without the officer's approval.
4. Officers will not allow participants to enter private homes or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants will not be allowed to photograph and/or videotape within these same areas.
5. Participants must conduct themselves in a civil and courteous manner at all times.
6. Participants will not interfere with police officers while in the performance of their duties.
7. Participants will not perform police duties. In an emergency, they may take appropriate action to protect themselves and/or officers.
8. Division Commanders will have the option to deny an individual's request to participate in the Ride-Along Program.
9. Officers may request, through their immediate supervisor, that the Ride-Along privileges of the participant be terminated for just cause.
10. Participants will not carry weapons while they are participating in the Ride-Along Program.

I have read and agree to the above guidelines. (Please initial)

SECURITY AWARENESS STATEMENT

Your association with this criminal justice agency requires you to read, acknowledge and sign this document.

By virtue of a criminal justice agency's mission, information is collected from the Kansas Criminal Justice Information System (KCJIS) on individuals that may include, but is not limited to criminal history record information, notations of arrest, detention, release, or other formal criminal charges; and any disposition arising from them, driving records, addresses, birthdates, social security numbers, personal descriptors and other personal information. Any information, whether on an official agency report, computer screen, printout, etc., sufficient to identify individuals and notations regarding any criminal justice transaction, as well as information regarding the systems used to access KCJIS or KCJIS itself must be protected.

Authorization to access KCJIS is based on your official duties for, or other association with, this criminal justice agency as marked below.

Your association with this agency does not constitute a "right to know" for any law enforcement sensitive information. Furthermore, it does not involve access to systems that may be used to access KCJIS, or to KCJIS-sensitive information in any format such as printed or on digital media. However, you may be exposed to such information through your involvement with this agency.

You are not allowed to disseminate or disclose any information you view or otherwise obtain through your agency association to any persons or organizations outside of this agency.

All personnel granted unescorted access to facilities where KCJIS-sensitive information is used must be aware of some basic security principals as follows.

Only authorized personnel are allowed to have unescorted access to some areas of the facilities or to have access into any data processing systems that may process, store, or transmit KCJS-sensitive information.

- Be familiar with restricted access areas, how authorized personnel are identified, and proper procedure to safely challenge unknown unescorted persons.

Not all security threats involve technology. Some examples and prevention steps are listed below.

- Social Engineering occurs when individuals present themselves as someone they are not (such as a repairman, delivery person, or other service personnel). They will then engage you in conversation in hopes of collecting confidential information regarding individuals, events, or details of technologies in use, etc. To prevent Social Engineering, never discuss agency specific information with anyone other than authorized agency personnel.
- To prevent unauthorized access, misuse or pre-mature destruction of media (printed documents, hard drives, magnetic tapes, etc.) all media must be stored in a secure manner when not in use. Also be aware of environmental hazards such as storing media near heat sources or liquids.
- To prevent unauthorized access to confidential information once the agency has no further use of it. The media containing that information must be disposed of or sanitized according to KCJS Policies and Procedures. If you notice media that appears to be out of place you should alert your agency supervisor or other responsible agency personnel immediately.

Report any situation you suspect may be a security risk to your agency supervisor or other responsible agency personnel immediately. **Misuse of KCJS information may result in disciplinary action, including immediate dismissal, or may even subject you to civil and criminal penalties including a fine up to \$11,000.**

I have read and understand the consequences of violating agency or KCJS policies. (Please initial)

WAIVER

I, _____ (participant printed name), desire to participate in the Riley County Police Department's Ride-Along Program in order to observe officers of the Riley County Police Department (RCPD) perform their duties. This observation will include riding in police vehicles with RCPD officers as they respond to calls. Because police work can involve dangerous and hazardous situations, I acknowledge that by accompanying RCPD officers on their calls, I may be exposed to situations involving the risk to me of bodily injury or damage to my property. I acknowledge the inherent risk in such situations and that any exposure to these situations is voluntary on my part. I am freely and voluntarily requesting permission to participate in the Ride-Along Program. This program does not entitle me to, nor am I requesting, any compensation. I acknowledge that any services I might perform during the Ride-Along Program are done voluntarily. I understand that permission to participate in this program may be revoked at any time.

In consideration of the RCPD allowing me to participate in the Ride-Along Program and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I, for myself and for my assignees, heirs, relatives, executors, agents, any and all other persons and entities acting for or on my or their behalf or behest, hereby agree to indemnify the Riley County Law Enforcement Agency (also known as the "Riley County Law Board), Riley County, Kansas, the Riley County Police Department, and their respective officers, employees, agents, representatives, members, attorneys, and any and all other persons and entities acting for or on their behalf or behest, from any and all claims, causes of action, damages, losses, and expenses of any kind (including, but not limited to, negligence, personal injury, other bodily injury, illness, death or property damage arising directly or indirectly out of the above described observations, and related activities; further, I, for myself and for my assignees, heirs, relatives, executors, agents, any and all other persons and entities acting for or on my or their behalf or behest, hereby and forever release and discharge the Riley County Law Enforcement Agency (also known as the "Riley County Law Board), Riley County, Kansas, the Riley County Police Department, and their respective officers, employees, agents, representatives, members, attorneys, and any and all other persons and entities acting for or on their behalf or behest, from liability which may arise from participation in the Ride-Along Program and from any and all claims, causes of action, damages, losses, and expenses of any kind (including, but not limited to, negligence, personal injury, other bodily injury, illness, death or property damage arising directly or indirectly out of the above described observations, and related activities).

I also acknowledge that my signature to this form as "parent" indicates my consent to all the terms of the form including, but not limited to, the those terms concerning indemnification and release from liability, as to my child who is above-named and is less than 18 years of age.

REQUIRED SIGNATURES

Officer's Signature	Employee Number	Date of Ride-Along	Time Started	Time Ended
Parent/Guardian Name (if applicable)		Parent/Guardian Signature (if applicable)		
Participant's Signature (must be signed in front of officer)		Division Commander Signature/Approval		
Appropriate Personnel Screening Checks Completed by (to include Spillman background and III criminal history check)		Date	Time	