



Montana State University Billings Police Department
 1500 University Drive Billings, MT 59101



Ride Along Program
APPLICATION & WAIVER / HOLD HARMLESS

(Please Print)

Name: _____

Phone: (____) _____ Sex: _____ DOB: _____ Age: _____

SSN: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Address: _____ State: _____ Zip: _____

APPLICANT MUST FURNISH A VALID PHOTO ID

Please state the reason that you wish to ride along with a MSU Billings Police Officer.
 (If you need more room, turn the form over.)

Reason: _____

I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer. If my application to ride along with a MSU Billings Police Officer is approved by the Chief of Police, I agree to indemnify and hold harmless Montana State University Billings, the University Police Department, and their employees from all injuries, claims and liabilities suffered by me or arising out of my participation in the ride along program.

Date: _____ Signature: _____

If the above person is UNDER THE AGE OF 18 YEARS, then the parent or guardian must also read, approve, and sign the following statement:

The above named juvenile for whom I am the parent or guardian has my permission to ride along with the MSU Billings Police Department. I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer and I agree to indemnify and hold harmless Montana State University, the University Police Department, and their employees from all injuries, claims, and liabilities which he or she may sustain during the time of his or her participation in the ride along program.

Date: _____ Signature: _____

Officer Assigned: _____

Approved by Chief: _____