
	<u>SUBJECT</u>  <b>UNAUTHORIZED RIDERS</b>		<u>NUMBER</u>  <b>402/45</b>
	<b>EFFECTIVE DATE:</b>  <b>08-26-09</b>	<b>AMENDS:</b>  <b>07-11-08</b>	<b>RESCINDS;</b>
<b>DISTRIBUTION: Administration, CID, Patrol, Communications, Clerical</b>		<b>REFERENCES: CALEA / IACLEA / TPCFA</b>	

- .10 Officers shall not allow unauthorized persons to ride in patrol units without the express permission of the Deputy Chief of Police of the Patrol Division via the chain of command.
- .11 Authorized persons to ride in patrol units are as follows:
- A. Employees of the Alamo Colleges.
  - B. Prisoners;
  - C. Witnesses and Victims;
  - D. Persons stranded, Not to exceed nearest phone or place of assistance;
  - E. Persons transported for safety reasons.
- .20 Liability waivers and requests to ride as an observer will be required of person(s) applicable to section .10 of this rule.

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**REQUEST TO RIDE AS AN OBSERVER  
 AND  
 WAIVER OF LIABILITY AGREEMENT**

The undersigned, being over the age of eighteen does hereby request the Alamo Police Department for permission to ride, as an observer only, in an authorized Alamo Colleges Police Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times, instructions, orders and commands given me by the officer in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations will arise which might result in my being exposed to the danger of physical harm or injury, including, but not limited to, motor vehicle crashes or any negligent acts or omissions of any trooper or employee of the Alamo Colleges Police Department.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the Alamo Community College District, the Alamo Colleges Police Department, its officers or employees, HARMLESS for all liability to me for personal injury, death, or property damage sustained during the period of time I may be in the capacity of an observer, including damages or injuries resulting from any negligent acts or omissions of any officer or employee of the Alamo Colleges Police Department, as aforesaid.

Observer's Name Typed/Printed: \_\_\_\_\_  
(first)
(middle)
(last)

Observer' Signature: \_\_\_\_\_

Observer's Date of Birth and Age: \_\_\_\_\_

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

Witness To Observer's Signature: \_\_\_\_\_

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



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**REFERENCES: CALEA / IACLEA / TPCFA**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(first) (middle) (last)

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
(street/route)

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

Work Address: \_\_\_\_\_ County: \_\_\_\_\_  
(street/route)

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

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
(month/day/year) (city/state)

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested? Yes  No

If yes, list charge(s), date(s), location(s), and disposition(s):

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

\_\_\_\_\_  
(Signature of applicant)

**APPLICATION:**

**APPROVED**

**REJECTED**

If rejected, indicate reason: \_\_\_\_\_

\_\_\_\_\_  
(Signature of supervisor)