



Pittsfield Charter Township
Department of Public Safety

6227 West Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-4911 • Fax: (734) 944-0744
Website: www.pittsfield-mi.gov

Matthew E. Harshberger
Director of Public Safety
harshbergem@pittsfield-mi.gov
(734) 822-4921

Mandy Grewal, Supervisor

POLICE RIDE-ALONG PROGRAM APPLICATION

Name: _____
Last First Middle

Address: _____
City State Zip

Phone #: _____
Home Cell

Date of Birth: _____ Occupation: _____

Driver's License: _____
State and Number

In case of emergency notify: _____ Phone #: _____

Reason(s) for requesting Ride-Along: _____

Do you have any physical, psychological, or medical restrictions that may hinder your participation in the ride-along program? Y or N
If yes, what? _____

Have you ever been arrested or convicted of a crime? Y or N
If yes, please list the name of the arresting agency, year of arrest and what you were charged with and/or convicted of: _____

Are you currently under the orders of a Personal Protective order or any bond restriction? Y or N
If yes, explain: _____

Have you or any of your family members been involved in any civil litigation or dispute involving Pittsfield Township? Y or N

Your signature on this form certifies that the information and answers provided are true and accurate representations of the facts. Your signature also authorizes Pittsfield Township Department of Public Safety to conduct a review of this information to determine eligibility to participate in the ride-along program. I agree to abide by the rules set forth for participation and understand that the Pittsfield Department of Public Safety can terminate my participation in the ride-along program at any time. I also agreeably waive all liability holding Pittsfield Township and the Department of Public Safety harmless during the time I am participating in the ride-along program.

Applicant Signature: _____ Date: _____

Public Safety Director / Designee: _____ Date: _____

Approved: Y or N

Gordon Schick
Deputy Chief of Police
(734) 822-4923
schickg@pittsfield-mi.gov

Sean Gleason
Fire Chief
(734) 822-4926
gleasons@pittsfield-mi.gov



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Pittsfield Township Police Department Ride-Along Program

Voluntary Assumption of Risk, Waiver of Liability and Indemnification Agreement

I, _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in the Pittsfield Township Police Department Ride-Along Program. I have read, understood and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program. I understand that the privilege and authorization which is granted to me by the approval of this waiver and indemnification agreement may be revoked at any time. **INITIAL:** _____

I AM AWARE THAT POLICE WORK, BY ITS VERY NATURE, CAN AND WILL IN ALL PROBABILITY, INVOLVE SOME DANGER due to many factors, including the possibility of high-speed chases, armed suspects, and potential emotional trauma. **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** due to the negligence of the Township or otherwise resulting from any aspect of my voluntary participation in the Pittsfield Township Police Department Ride-Along Program. **INITIAL:** _____

I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE AND COVENANT TO HOLD HARMLESS FOR ALL LIABILITY THE TOWNSHIP OF PITTSFIELD and any of their elected and appointed officials, officers, agents, or employees, any and all other officers, agents or employees, and any and all other persons, firms, and corporation of and from any and all claims, damages, costs, liabilities, losses, causes of action, demands in law or in equity, resulting from the negligence of the Township of Pittsfield and any of their elected and appointed officials, officers, agents or employees, any and all other officers, agents, or employees, and all other persons, firms and corporation, or otherwise resulting from any aspect of my voluntary participation in the Pittsfield Township Police Department Ride-Along program. **INITIAL:** _____

I FURTHER AGREE TO FULLY INDEMNIFY THE TOWNSHIP OF PITTSFIELD, the Pittsfield Township Police Department, and any and all of their elected and appointed officials, officers, agents or employees from any and all third party claims, damages, costs, liabilities, losses, causes of action, demands in law or in equity of any kind, resulting from acts or omissions on my part at any time upon which I am a participant in the Pittsfield Township Police Department Ride-Along program. **INITIAL:** _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE TOWNSHIP FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL. I warrant that no promise or inducement has been offered, except as herein set forth, that this waiver and indemnification agreement is executed without reliance upon any statement or representation by the persons or parties released, or their representatives, concerning the nature or extent of any potential damages or legal liability therefore. I further warrant that I am legally competent to execute this document. I intend for this agreement to be binding to myself and my heirs, personal representatives, next of kin, spouse, administrators, successors, and assignees.

Applicant Signature: _____
Notary Signature: _____

Date: _____
Date: _____