



**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](http://www.pittsfield-mi.gov)

**Matthew E. Harshberger**  
*Director of Public Safety*  
*Chief of Police*  
[harshbergem@pittsfield-mi.gov](mailto:harshbergem@pittsfield-mi.gov)  
(734) 822-4921

**Sean Gleason**  
*Fire Chief*  
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(734) 822-4926

**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 N  
If yes, what? \_\_\_\_\_

Have you ever been arrested or convicted of a crime? Y 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 N  
If yes, explain: \_\_\_\_\_

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



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

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### POLICE RIDE-ALONG PROGRAM RULES AND REGULATIONS

1. No person shall be allowed to ride without having submitted a signed and notarized Ride-Along request and waiver form. Refusal to complete this form, or false statements of any nature, will disqualify that person from participation.

**Background checks will be conducted on all applicants.**

2. The applicant's participation is a privilege and not a right. The basic premise of the ride-along program is to establish rapport with the police and learn about the functions of law enforcement.
3. Requests to ride must be submitted at least 3 business days prior to the first requested date of participation. Exceptions may be made for special situations requiring shorter notice, as long as procedures are followed.
4. Applicants will be notified by the Police Department after filing the written application request form. At that time, the ride will be scheduled and/or confirmed, or denied.
5. Participants shall wear business or business casual attire.
6. Participants must obey the orders and instructions given by the officer to whom they are assigned.
7. Participants shall not possess or have consumed alcohol and/or controlled substances within 24 hours of participating in the ride-along program.
8. Participants must wear their seatbelts when the vehicle is in motion.
9. Participants must not leave the patrol vehicle unless instructed to do so by the officer or if their personal safety is jeopardized.
10. When the patrol unit is assigned to a dangerous call, the rider may be dropped off at a safe location and he/she must remain there until the officer or another police unit returns to pick him/her up.
11. The officer or the rider may terminate the tour at any time. The command officer will be advised of early termination.
12. Participants shall not converse with any prisoners, suspects, victims, or witnesses nor shall they participate in any police activity unless directly requested by officers.
13. Participants must agree not to discuss names of persons involved in police cases or incidents. The observer will be considered a confidant of the Police Department and it is essential that all matters pertaining to evidence or statements gathered in investigations be held confidential.
14. Tape recorders and cameras will not be permitted while participating in the program, unless express permission is granted by the Director of Public Safety or his/her designee.
15. Participants are prohibited from possessing or carrying a firearm or any other weapon during the Ride-Along unless they are sworn police officers eligible to carry a firearm.
16. Participants shall not perform police duties. In an emergency, they may take appropriate action to protect themselves and/or officers.
17. By signing the waiver form, the ride-along participant agrees to the rules and regulations listed above.