



# San Antonio Independent School District Police Department

## Ride-Along Request Form

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name/ Phone Number: \_\_\_\_\_

*(Please check the appropriate box below)*

I am a/an:

Civilian Adult\*\*\*       Juvenile\*\*\*

Off-duty CrIminal Justice Professional - Agency \_\_\_\_\_

On-duty Criminal Justice Professional - Agency \_\_\_\_\_

I request permission to ride along on (Date/Time): \_\_\_\_\_

Accompany Officer(s): \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

Signature of Requester or Parent/Guardian, if Juvenile\*\*\* \_\_\_\_\_

**\*\*\*Assumption of Risk & Release Form must be attached.**



The Requester listed above has been  Approved to ride along as requested.

The Requester listed above has been  Denied to ride along as requested.

Signature of Campus/Patrol Sergeants: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Division Lieutenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email the Ride-Along Request Form to Detective Jessica Sepulveda at [jsepulveda@saisd.net](mailto:jsepulveda@saisd.net).*



**Ride-Along**  
**Assumption of Risk and Release of All Claims**

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_  
am participating as a Ride-Along with the San Antonio Independent School District Police Department in observation of the performance of police functions of said department, in carrying out the duties and assignments, traveling as a passenger in a police vehicle, fully realize that in so doing, I may expose myself to extraordinary dangers and hazards which may arise in connection therewith, do hereby knowingly assume all such risks and in consideration of being permitted to participate, to hereby release and forever discharge the San Antonio Independent School District, its successors, agents, servants and employees from any and all claims, demands, actions and causes of action, whatsoever, which I, my heirs or personal representatives may ever have arising out of, by reason of, or in any manner have grown out of any injuries or damage sustained by me by reason of any accident or other occurrence resulting from participating in the aforementioned police activities. I further understand and agree that I am fully aware that if I do not execute this assumption of risk and release I will not be permitted to participate as a Ride-Along.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian, if Juvenile

\_\_\_\_\_  
Witness Signature