



## BEMIDJI POLICE DEPARTMENT

Chief Michael Mastin

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### "RIDE-ALONG"

#### WAIVER AND HOLD HARMLESS AGREEMENT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 PRINT FULL NAME OF REQUESTER OTHER NAMES USED DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_  
 Address: Street and Mailing, City, State, Zip Telephone

\_\_\_\_\_/\_\_\_\_\_  
 Full Name of Parent/Legal Guardian *(If Under 18)* Telephone

THE AFOREMENTIONED AND UNDERSIGNED "Requestor", in consideration of the opportunity to participate in a "Ride-Along" with law enforcement, hereby expressly waives any claim that he/she may have against the Bemidji Police Department, its agents and employees, arising from the undersigned's participation as a "Ride-Along". This waiver is made freely with the knowledge and understanding that by the nature of the work conducted in law enforcement, a certain danger does exist to those participating in a "Ride-Along". These include, but are not limited to: risk of death, personal injury or property damage arising from, or in any way, connected with the use of weapons, unlawful acts, forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire and any other police-connected risk. In addition to the physical and emotional dangers, there exists the possibility of exposure to illnesses, including but not limited to: potentially fatal blood borne pathogens such as HBV or HIV. This waiver is complete and absolute and shall include but is not limited to: injury to the person or property of the requestor, whether occasioned by the acts of any employee or agent of the City of Bemidji, or any third party.

It is further understood that the undersigned "Requestor" agrees to hold harmless the City of Bemidji, its employees and agents, from any claims or damages arising from or associated with the undersigned's participation as a "Ride-Along". My rights, if any, for civil damages against the Officer or City for death, personal injury, or property damage are limited to those rights enjoyed by a guest.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SIGNATURE of Requestor SIGNATURE of Parent/Legal Guardian Date  
*(If Under 18)*

#### CONSENT FORM FOR BACKGROUND CHECK

##### DATA PRACTICES ADVISORY

The Minnesota Data Practices Act requires you to be advised of the following:  
 As an applicant you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility. You may refuse to provide this data. If you refuse, the background check cannot be completed and your application may not be approved. Providing the data will permit the background check to be completed. The result of the check may be either affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as authorized or required by law. Background checks will include accessing criminal history records, Department of Motor Vehicle records and various Department of Public Safety databases including driver's license or other photographic identification to verify identity.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SIGNATURE of Requestor SIGNATURE of Parent/Legal Guardian Date  
*(If Under 18)*

State of Minnesota County of Beltrami  Subscribed and sworn before me this _____ day of _____, _____.  Signature of Notary Public _____  <div style="text-align: right;">(SEAL)</div>
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