



**LOS ANGELES DEPARTMENT OF AIRPORTS
AIRPORT POLICE DIVISION**

RIDE-ALONG APPLICATION

Name: _____ Age (18 Yrs. or Older): _____
D.O.B.: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business / Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Ext. #: _____

Dates Preferred: 1. _____ 2. _____

Have you ever been arrested? _____

If yes, when and what type of crime _____

In case of emergency notify:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Doctor / Medical service requested if injured / ill during ride-along? _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Signature



**LOS ANGELES WORLD AIRPORTS
POLICE DIVISION**

**RIDE-ALONG AGREEMENT AND RELEASE FROM LIABILITY, HOLD
HARMLESS, AND INDEMNIFICATION AGREEMENT**

1. I, _____ (age 18 years or over) not being a member
[Name]
of the Los Angeles World Airports Police Division (hereafter referred to as the
"Division") have voluntarily applied for permission to accompany an employee
of the Division as an observer or ride-along, on foot, or in a Division
automobile being operated by a member of the Division engaged in the
performance of peace officer duties.

ASSUMPTION OF RISK

2. I am aware that being a police officer for an airport is hazardous activity and
that being an observer or ride-along to a police officer is also a hazardous
activity and will greatly increase my exposure to the risks of being injured or
killed. I am voluntarily participating in these activities with knowledge of the
danger involved, and hereby agree to accept any and all risks of injury or
death, and verify this statement by placing my initials here: _____.
[Initial Here]
3. As consideration for being permitted by the Los Angeles World Airports Police
Division to participate in these activities, I hereby represent and agree that I,
my assignees, heirs, distributees, guardians, and legal representatives will not
make a claim against, sue or bring any legal action or other proceeding against
the Los Angeles World Airports, The Board of Airport Commissioners, the
Police Division and City's officers, employees, servants and agents from all
actions, claims, or demands that I, my assignees, heirs, distributees, guardians,
and legal representatives now have or may hereafter have for injury or
damage resulting from or arising out of my acting as an observer or ride-along.

Further, I agree to defend, Indemnify and keep and hold City, including Board
Department and City's officers, agents, servants and employees, harmless
from any and all costs, liability, damage or expense (including costs of suit and
fees and expenses of legal services) claimed by anyone by reason of injury or
death of persons, or damage to or destruction of property, including my
property and my person, arising out of or related to the subject matter of this
Ride-Along Agreement.



LOS ANGELES WORLD AIRPORTS
POLICE DIVISION

RIDE-ALONG AGREEMENT AND RELEASE FROM LIABILITY, HOLD
HARMLESS, AND IDEMNIFICATION AGREEMENT (CONT.)

KNOWING AND VOLUNTARY EXECUTION

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, assumption of risk, hold harmless and indemnification agreement between myself and the City of Los Angeles and signs it of my own free will.

Executed in Los Angeles, California on _____, 20____

[Signature of Releaser]

[Printed Name]

Name: _____ Date: _____

Residence Address:

Phone: _____

Business Address: _____

Phone#: _____

Representative of: _____

[Club, Lodge, Organization, City]



LOS ANGELES WORLD AIRPORTS
POLICE DIVISION

DECLARATION OF WITNESS

I certify that _____ acknowledged in my
presence that _____ read and fully understood the meaning and
consequences of the foregoing assumption of risk, release of liability, hold
harmless and indemnification agreement, and signed it in my presence.

Executed at _____, California, on _____, 20____

[Signature of Witness]

[Printed Name]

[Address]

[City, State, Zip]