TO: ALL POLICE RIDE-ALONG PROGRAM PARTICIPANTS

FROM: SUSAN BALLARD, CHIEF OF POLICE

SUBJECT: INSTRUCTIONS FOR ALL PARTICIPANTS

The opportunity to observe police patrol activities is offered to young persons aged 12 through 17 and to interested adults. In order to safeguard all participants and to minimize the possibility of interference with normal police activities, strict adherence to the following instructions is necessary.

1. Participants are under the complete control of the police officer at all times.
2. Participants shall not leave the police vehicle at the scene of any police activity without first obtaining the permission of the officer.
3. Participants shall not converse with any prisoner, suspects, or witnesses, nor shall they participate in any police activity unless directly requested to do so by the officer.
4. Participants shall be neatly dressed and groomed. The wearing of T-shirts, shorts, and slippers (i.e., with bare feet) will not be permitted.
5. Tape recorders, cameras, and video equipment will not be permitted while participating in the program.
6. If for any reason a participant is unable to keep a ride-along appointment, he or she shall notify the watch commander at the duty station of the officer with whom the ride was scheduled at least one hour in advance of the appointment.
7. Anyone who wishes to ride shall call the watch commander at the appropriate police station to make arrangements at least two days in advance of the desired ride-along date.
8. At times, because of the many demands of police work, we will not be able to accommodate all requests for rides. However, anyone who wishes to ride should not be discouraged; rides can always be arranged at later dates and times.

I HAVE READ THE FOREGOING INSTRUCTIONS AND I UNDERSTAND THEM.

_______________________________ ________________________________
PRINT OR TYPE NAME OF PARTICIPANT SIGNATURE OF PARTICIPANT

____________________________________
DATE / TIME

HPD-233B (R-11/17)  Bring this statement with you when you report for your ride.
HONOLULU POLICE DEPARTMENT ADULT WAIVER

I, the undersigned, for and in consideration of being permitted to ride in police vehicles, do hereby waive any claims against the Honolulu Police Department, its employees, or the Chief of Police, the Honolulu Police Commission, the Mayor, City Council, and the City and County of Honolulu for personal injuries, property damage, loss of service, or medical expenses of whatever nature which might arise as a result of such permission, by reason of accident or motor vehicle wreck resulting in injuries to myself, damage to my property, or loss of services or medical expenses. I have received a copy of Instructions for All Participants (HPD-233B).

Name: ____________________________
Date: ___________ Time: ___________
Signature: _________________________
Approved: _________________________
Date(s) Valid: _______________________
HPD-385 (R-06/15)

INFORMATION IN CASE OF INJURY TO ADULTS

I, ____________________________, being permitted to ride in police cars, do hereby authorize the physician of the City and County of Honolulu emergency units to administer first aid treatment to me for any injuries incurred and to have the emergency physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: ____________________________ Phone: ____________________________
Address: ____________________________
Allergies: ____________________________
DOB: ____________________________
In case of emergency contact:
Name: ____________________________ Relationship: ____________________________
Address: ____________________________ Phone: ____________________________
Signature: ____________________________
Date: ____________________________ Time: ____________________________
HPD-385 (R-06/15)
PARENTAL CONSENT FOR MINORS TO PARTICIPATE IN POLICE-YOUTH RIDE-ALONG PROGRAM

I/We, __________________________________________, parent(s)/guardian of __________________________________________ (age ____), who is a minor, consent to his/her participation and riding along with a member of the Honolulu Police Department in the Police-Youth Ride-Along Program. I/We shall assume responsibility for transporting my son/daughter/ward home, and I/We have received a copy of Instructions for All Participants (HPD 233B).

Date: ____________________________ Time: ____________________________

Signed: ____________________________ ____________________________
Father: ____________________________ Mother: ____________________________
Guardian: ____________________________ Participant: ____________________________
Address: ____________________________ ____________________________

HPD-233/R-6/93 Witness (Police Officer): ____________________________

INFORMATION IN CASE OF INJURY TO JUVENILES

I/We, __________________________________________, parent(s)/guardian of __________________________________________ hereby authorize the physician of the City and County of Honolulu emergency rooms to administer first aid treatment to me for any injuries incurred and to have my (my) physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: ____________________________ Phone: ____________________________
Address: ____________________________ Numb Phone: ____________________________
Hospital: ____________________________ Blood Type: ____________________________
DOB: ____________________________

In case of emergency contact:
Name: ____________________________ Relationship: ____________________________
Address: ____________________________ Phone: ____________________________
Signature: ____________________________
Address: ____________________________ Phone: ____________________________
Date: ____________________________ Time: ____________________________

Division of or at the district police station in person.