



Seaside Police Department

1091 S. Holladay Dr. Seaside, OR 97138 503-738-6311

PATROL OBSERVATION

APPLICANT INFORMATION

Date: _____

Name: _____

Date of Birth: _____ Driver's License: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Organization: _____

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations:

1. The application will ride as a passenger in motor vehicles owned by the City of Seaside and operated by employees of the Seaside Police Department. Such transportation is furnished to the applicant purely gratuitously, as a revocable privilege, so that applicant may observe the daily, routine operation of the Seaside Police Department on patrol.
2. Routine patrol duties may involve the operation of police vehicles in emergency conditions as authorized emergency vehicles as defined by ORS 483.002. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and rules of the road, etc. The circumstances requiring emergency operation may include, but are not limited to, pursuit of other vehicles and expeditious transit to suspected crimes in progress. Such circumstances are so varied that an exhaustive list cannot reasonably be compiled. Determination of when to operate a police vehicle as an emergency vehicle is within the sole discretion of the Seaside Police Department.
3. Police work involves, by its very nature, many hazards beyond the power of the police department and its officers to control. At all times while riding as a patrol observer, the applicant agrees that he/she will, without questions or hesitation, abide by the directions of the Seaside Police Department given by its officers, and further recognizes that those directions may not effectively eliminate the risk to the applicant, which risk the applicant assumes.
4. The applicant recognizes that in an emergency a police officer may not be able to both perform their duty and dismiss the applicant from their presence, thereby subjecting the applicant to the same risks as are presented to the officer. The applicant recognizes that he/she must and does assume that risk.
5. The applicant recognizes that if medical assistance, including first aid and / or ambulance services are necessary, the Seaside Police Department will arrange for the same, consent for which is hereby given, and agrees to pay all costs incurred or accruing in connection therewith.
6. In consideration of the acceptance of this application and granting by the Seaside Police Department of the privileges of acting as a patrol observer, the applicant does hereby forever release, discharge, and acquit the City of Seaside, its officers, agents, and employees from any and all claims for death, personal injury and / or damage to property of any nature which may arise from or in connection with my participation hereunder.
7. The applicant declares that they have CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING: and, by their signature affixed hereto, accepts the same and assents thereto in its entirety.

Applicant Signature: _____ Date: _____

I, _____, being the parent of legal guardian of the above applicant, so hereby certify that I have carefully read and fully understand the forgoing application; and do hereby personally and on behalf of the said applicant accept and assent to their participation under the terms, stipulations, and conditions set forth in the said application, including the CONSENT TO MEDICAL ASSISTANCE (paragraph 5) and the RELEASE of LIABILITY (paragraph 6) set forth therein.

Parent Signature: _____ Date: _____

APPLICATION APPROVED:

Chief of Police: _____ Date: _____