



## MINOCQUA POLICE DEPARTMENT

DAVID J JAEGER  
CHIEF OF POLICE

P.O. BOX 346  
418 E. CHICAGO AVE.  
MINOCQUA, WI, 54548

PHONE: (715) 356-3234  
FAX: (715) 356-1482  
EMAIL: [djaeger@minocquapd.com](mailto:djaeger@minocquapd.com)

### **RIDE ALONG PROGRAM – HOLD HARMLESS AGREEMENT AND WAIVER** **\*\*\*PLEASE READ BEFORE SIGNING\*\*\***

I, \_\_\_\_\_ (print first, middle, last name) \_\_\_\_\_ (date of birth), civilian, has made a voluntary request to ride as a civilian guest in a vehicle assigned to the MPD and to accompany an MPD member during the performance of the member's duties. The "duties" of the MPD member are defined as activities, incidents, encounters or confrontations which may occur during the member's shift as an MPD officer. Duties involve riding, transporting and traveling in MPD vehicles, the use of weapons by MPD in the investigation and defense of unlawful acts or forcible resistance and other necessary law enforcement duties customarily engaged in by law enforcement personnel.

The Town of Minocqua and the MPD are willing to allow me to accompany an MPD member during the performance of the member's duties under the following conditions:

1. I acknowledge that I am aware that the duties of the MPD are inherently dangerous and that I may be subjected to the risk of personal injury or death by accompanying a member of the MPD during the performance of the member's duties. I hereby freely, voluntarily and with knowledge assume the risk of death, personal injury, or property damage from accompanying an MPD member during the performance of the member's duties.
2. I hereby release the Town of Minocqua, the MPD, their administrators, employees, agents, and insurance carriers from any injury, damage, loss, or expense suffered by me while accompanying an MPD member in the performance of the member's duties.
3. I agree to indemnify and hold harmless the Town of Minocqua, the MPD, their administrators, employees, agents, and insurance carriers against any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever for any and all injuries and damages known and unknown, either to person or property, which result from any acts or omissions that I commit or which result from my accompanying a member of the MPD during the performance of the MPD's member's duties.
4. The MPD may terminate this agreement any time without notice or warning for any reason, which will be at the sole discretion of the accompanying MPD officer or his or her supervisor consistent with the MPD ride-along policy.
5. I will obey all instructions and directions from any MPD officer. I understand that any failure on my behalf to follow such instructions or directions will be grounds for immediate termination of this agreement.
6. Any radio or face-to-face emergency communications witnessed by me shall remain confidential.
7. At no time shall I interfere with law enforcement operations. I understand that at any time, an emergency vehicle may be requested to respond to an emergency situation. I shall remain quiet and never operate the radio, siren or emergency lights.
8. I shall not possess or consume alcoholic beverages (or any other prohibited substances) before or during the ride along.
9. I shall wear my seatbelt at all times.
10. I shall remain in the vehicle at all times unless informed to do otherwise by the officer. I shall not participate in foot pursuits, restraints, or any other law enforcement activity.



# MINOCQUA POLICE DEPARTMENT

DAVID J JAEGER  
CHIEF OF POLICE

P.O. BOX 346  
418 E. CHICAGO AVE.  
MINOCQUA, WI, 54548

PHONE: (715) 356-3234  
FAX: (715) 356-1482  
EMAIL: [djaeger@minocquapd.com](mailto:djaeger@minocquapd.com)

- 11. Even if I possess a concealed carry permit, I shall not carry any type of weapon during the ride along.
- 12. I agree to not publicly discuss confidential police matters. Additionally, I shall not take pictures or record sound/video during the ride along activities.

NOW, THEREFORE, in consideration of the permission given to me to accompany a member of the MPD during the performance of the member's duties, I hereby agree to all of the above conditions. Further, I release and forever discharge the Town of Minocqua and the MPD, its administrators, agents, employees, and insurance carriers from any and all claims, damages, demands, actions, causes of action, or suits of any kind or nature whatsoever for any and all injuries and damages, known and unknown, both to person and property, which may result now or in the future, as a result of me accompanying a member of the MPD during the performance of the member's duties.

Upon completion, please mail/deliver to:

Minocqua Police Department  
Attn: Lt. Jason Benbenek  
P.O. Box 346  
Minocqua, WI 54548

\_\_\_\_\_  
Signature of Ride-along

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Printed name of Ride-along

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Officer taking Ride-along

\_\_\_\_\_  
Date and time

\_\_\_\_\_  
Printed name of Officer taking Ride-along

\_\_\_\_\_  
Badge #

What are you looking to gain from this Ride-along with the Minocqua Police Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Approval

\_\_\_\_\_  
Date and time