



Tampa International Airport  
POLICE DEPARTMENT

**Application for the TIAPD Patrol Ride Along Program**

Name (L, F, M): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Aliases/Maiden Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

Officer/Shift Requested: \_\_\_\_\_

If unknown, please leave this section blank

Reason for Ride Along Request (civic, educational, etc.):  
\_\_\_\_\_

*By signing this application, the applicant submits to a criminal history check and prior contact check.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature  
Background Investigator

**Internal Use Only**  
**Criminal History Check/Prior Contact Check/Results** CAD # \_\_\_\_\_

FCIC/NCIC Checks: Complete Yes\_\_\_ No\_\_\_ \_\_\_\_\_

Results: Prior Contact (if prior contact discovered list circumstances):  
\_\_\_\_\_

Criminal History Check:

Complete Yes\_\_\_ No \_\_\_ Felony: \_\_\_\_\_ Misdemeanor: \_\_\_\_\_

Explain: \_\_\_\_\_

Approved Yes \_\_\_ No \_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
Director of Public Safety and Security

Date of Scheduled Ride Along: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_



Tampa International Airport  
**POLICE DEPARTMENT**

**Release and Indemnity Agreement**  
**TIAPD Citizen Ride Along Program**

In consideration for the opportunity to participate in the Ride Along Program with the Tampa International Airport Police Department, I, \_\_\_\_\_ [applicant], riding with \_\_\_\_\_ [officer], at \_\_\_\_\_ [Time Period] hereby for ever waive, release, discharge, and hold harmless the Hillsborough County Aviation Authority and the Tampa International Airport Police Department and each of their officers, b o a r d m e m b e r s , agents and employees from any and all liability, claims, damages, loss, costs, and causes of action of whatever kind, including negligence, arising out of or related to any personal injury, including serious injury, permanent disability, and/or death, that may be sustained by me while participating in or performing a Ride Along with the Tampa International Airport Police Department.

By signing this Release and Indemnity Agreement, I hereby understand and acknowledge that the Ride Along that I participate in could subject me to risks/activity during a duty shift. I am aware of and assume all risks in connection with such activity.

By signing Release and Indemnity Agreement, I acknowledge that I have read and understand the same and thus am signing the Release and Indemnity Agreement voluntarily. I am at least 18 years of age, and I intend for this Release and Indemnity Agreement to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any action or claim on my behalf.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**