



Request to Accompany an Investigator

Applicant's Name: _____ Date: ____/____/____
(Please print)

Residence Address: _____
Street Unit # City

Home Phone: (____) _____ Business Phone (____) _____

Date of Birth: ____/____/____ Occupation/Type of Business: _____

Please check type of facility interested in visiting and reasons for your request:

Food Pools Noise Body Art _____

Describe, in 300 words or less, the reason why you are requesting to accompany an investigator and what you are hoping to gain from the experience:

The Division of Public Health Inspections (PHI) allows members of the public, using their own transportation, to follow PHI investigators and accompany them on inspections conducted during the course of official city business. The Division has the right to refuse any request to participate in the program and the Division, including investigators, has the right to discontinue any individual's participation in the program for any reason. All persons applying to participate in the program must be 18 years of age or must have written approval of their legal guardian to participate. The applicant must provide legal identification with this completed form. Business casual attire is required and no photos or recordings will be permitted unless approved by the manager of the facility. If the application is approved, the Division will contact the applicant to coordinate the date, time, and location of the exercise.

Persons applying to participate in the program must review the Checklist for a Ride-Along document that contains information and requirements for review prior to the ride-along.

I have read the Checklist and understand the expectations to participate in the ride-along program _____ Initial

RELEASE OF LIABILITY

I acknowledge that accompanying PHI investigators on inspections during the course of official city business involves risk and I hereby assume all risk related to and arising out of the applicant's participation in the Program. In exchange for the applicant's participation in the Program, I hereby release and waive and agree to indemnify and hold harmless the City and County of Denver, its appointed and elected officials, agents, and employees for, from, and against all claims, losses, liabilities, suits or demands for damages to persons or property arising out of, resulting from, or relating to the applicant's participation in the Program.

I have read this release, understand its contents, and by signing below, accept the terms of this release.

Print Name of Applicant

Date: ____/____/____

____ Approved ____ Denied Date: ____/____/____

Signature of Applicant or Legal Guardian

** For Office Use Only**
Investigator Assigned: _____
Date / Time of Visit: _____
Comments: _____