

ATHENS COUNTY SHERIFF'S OFFICE RIDE-ALONG RELEASE OF LIABILITY FORM

AGREEMENT ASSUMING RISK ON INJURY, DAMAGE, OR DEATH WAIVER AND RELEASE OF CLAIMS: AND AGREEMENT NOT TO SUE

Whereas the undersigned, not being a sworn member, employee or agent of the Athens County Sheriff's Office, has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the Athens County Sheriff's Office and has further requested permission to accompany a member or members of said law enforcement office during the active performance of their official duties as peace officers.

Be it understood that the undersigned hereby agrees that THE WORK AND ACTIVITIES OF THE SHERIFF'S OFFICE ARE INHERENTLY DANGEROUS INVOLVING SUBSTANTIAL RISKS including the risk of death; personal injury, and/or property damage; such risks may be generated by individuals breaking, or suspected of breaking the law; by the apprehension, or attempted apprehension, of such individuals; by motor vehicles driven by peace officers or by others; or may occur in a truly limitless variety of ways; AND THAT THE UNDERSIGNED WILL BE EXPOSED TO SUCH RISKS BY ACCOMPANYING, OR PARTICIPATING IN, THE RIDE-ALONG.

Further, knowing all these risks, the undersigned nevertheless hereby agrees to voluntarily assume all risks, both known and unknown and to release and hold harmless all of the persons and entities named herein who, through negligence or intentional conduct, might otherwise be liable for damages.

Now, therefore, be it understood that the undersigned hereby agrees that the County of Athens, the Athens County Sheriff's Office, the driver or owner of any automobile owned or operated by, or in the service of the County of Athens or contract cities, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any death, injury, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any Athens County Sheriff's Office vehicle or while accompanying a member of said office during the active performance of his official duties as a peace officer. The undersigned hereby expressly waives all claims or actions relating to possible death, injury, expense, or loss.

THE UNDERSIGNED: HAS READ THIS RELEASE AND FULLY UNDERSTANDS ITS CONTENTS: IS AWARE THAT THIS RELEASE IS A WAIVER OF LIABILITY AND HAS SIGNED THIS RELEASE VOLUNTARILY.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE GUESTS OR OBSERVERS UNDER THE AGE OF EIGHTEEN (18) YEARS.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____

DATE/TIME OBSERVER REQUESTING TO RIDE: _____

APPROVED BY: _____

Sheriff or Designee

Sheriff or Designee- Print Name

RIDE-ALONG PROGRAM APPLICATION **RULES AND REGULATIONS**

The Ride-Along program provides the public with an opportunity to ride with a peace officer while he performs his regular duties. The program is designed to enhance your understanding of law enforcement. The following rules and regulations are designed to maintain the integrity and positive nature of this program. The requesting applicant must initial each line in the designated areas.

1. All observers shall sign a release of liability. Observers under 18 years of age must have a parent or guardian sign the release of liability in the presence of an Athens County Sheriff's Office employee. **Initial**_____
2. Observers must wear appropriate attire. Suits, sport coats, sweaters, sport shirts, blouses, slacks, or dress pants are acceptable. Shoes must enclose the entire feet. No open toed shoes, shorts, tank tops, t-shirts, or jeans are allowed. Be prepared for inclement weather. Your ride-along may be cancelled if you are inappropriately dressed. **Initial**_____
3. Questions about procedures are welcome. However, they must be asked at the appropriate time. Observers should be careful not to interfere with the deputy at any time. **Initial**_____
4. The observer is responsible to pay for his/her own meals. **Initial**_____
5. Observers shall obtain authorization from the deputy prior to talking with prisoners, suspects, witnesses or other parties contacted on official business. Observers shall not participate in police activities, unless directed to do so by the deputy. **Initial**_____
6. An observer may end his/her ride at any time simply by notifying the deputy. **Initial**_____
7. If the deputy feels the performance of his duties is being impaired in any manner by the actions of the observer, the deputy has the authority to return the observer to the station and discontinue the ride-along. **Initial**_____
8. An observer will not carry or attempt to use any type of weapon. **Initial**_____
9. Observers will remain in the police vehicle at all times unless otherwise instructed by the deputy with whom you are riding. **Initial**_____
10. Observers, or any other non-police personnel will not participate in a pursuit driving situation. It shall be understood that a rider may be dropped off at an unknown location to allow the deputy to further pursue criminal activity. The deputy will notify communications of the location the observer was left so that some arrangements can be made to assist with alternative transportation. **Initial**_____

I have read the above rules/regulations. I understand and agree to abide by them.

Signature of Observer

Date

RIDE-ALONG PROGRAM APPLICATION
RIDE-ALONG CHECK LIST

General Information (To be completed by applicant)

Name of Ride-Along _____
(Please Print) LAST FIRST MI

Other Names/Aliases _____ DOB _____

Home Address _____

Home Phone _____ Occupation _____
(If student: list school/grade)

Driver's License # and State _____

In Case of Emergency Notify (To be completed by applicant)

Name Address-Phone-Relation:

Family Doctor or Medical Services Requested by Rider if needed:

Records Check (To be completed by Sheriff's Office)

BMV _____ Warrants _____ Local Records _____

Date Check Completed _____ Unit Completing Check _____

Approval / Assignment (To be completed by Operations Officer or Designee)

Assigned to: _____
 Deputy Area Shift Date

Approved by: _____
 Name Rank Date