



Rider Name: (Last, First Middle:) \_\_\_\_\_  
Date of Ride \_\_\_\_\_ Time Began: \_\_\_\_\_ Time Ended: \_\_\_\_\_

**Officer's Notes:**

Did rider comply with all rules? \_\_\_\_\_ If no, give details of infraction(s) \_\_\_\_\_

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

Describe rider's demeanor and actions: \_\_\_\_\_

Did any injuries or accidents occur to the rider? \_\_\_\_\_ If yes, give complete description of injury (attach incident/accident report)

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

Was treatment received for injury? \_\_\_\_\_ If yes, give details of treatment including name(s) of medical/rescue personnel and name of facility if rider was transported to hospital:

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

Any additional notes or observations by deputy: \_\_\_\_\_

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

Would deputy recommend the rider for future participation? \_\_\_\_\_ If no, explain: \_\_\_\_\_

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

Deputy Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ ID # \_\_\_\_\_

Deputy: Return this form to the Operation Commander upon completion of the Ride-Along .

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, am an applicant for the ride-along program with the Shelby County Sheriff's Office. In order to process my application certain information must be available to the Sheriff of Shelby County. All information will be held in confidence.

I hereby authorize any law enforcement or government agency to release to the Sheriff of Shelby County or to any representative thereof, any document, information, record, or file that he deems material to the processing of my application.

I hereby release you, as the custodian of such records and all of said individuals and organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

I appoint the Sheriff of Shelby County or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

**Liability Waiver**

In consideration of being permitted to ride in a motor vehicle of the Shelby County Sheriff's Office/Shelby County Commission, I hereby release and agree to hold harmless Shelby County, its employees and agents from any and all liability for any damage, injury, illness or disease I may receive or contract while accompanying a Shelby County Deputy, from any cause whatsoever.

This release of liability and agreement given by me to Shelby County, its employees and agents shall apply to any rights of action that might accrue to my heirs, my personal representative and myself. Further, I agree to assume all risk riding in a Shelby County Sheriff's Office vehicle and in accompanying its deputies and am fully aware personal danger may be involved. Furthermore, I know and understand that I face possible exposure to certain diseases, including, but not limited to, Hepatitis, Human Immunodeficiency Virus (HIV), and Tuberculosis. I am also aware of possible physical and or psychological dangers by riding in a deputy's vehicle for which a deputy is on patrol, issuing traffic citations, serving warrants for arrest, responding to various types of crimes or calls for service, and making physical arrests when necessary. I also agree to abide by all the rules associated with the ride along program. Rules include the following:

- 1) Riders will remain in the deputy's vehicle at all times unless otherwise instructed by the officer with whom they are riding.
- 2) Riders will not communicate with anyone who is the subject of a police investigation, arrested, or otherwise involved in any police action.
- 3) Riders will not carry or attempt to use any type of weapon.
- 4) Riders will follow instructions of the officer with whom they are riding.

My signature below indicates that I have read the Authorization to Release information and liability waiver and understand its contents and agree to its terms and conditions.

Date \_\_\_\_\_

Applicant Signature:

Printed Name:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_(work)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_