

## Guilford County Sheriffs Department Application for Ride-Along Program/Liability Release

**Date of Request:** \_\_\_\_\_

Name:		DOB:	NCDL#:
Address:	Race:	Sex:	SS#
City:	Zip Code:		Phone No.

Company, School, Organization: \_\_\_\_\_

### Waiver of Liability

I, \_\_\_\_\_ as a participant in the Ride-Along program of the Guilford County Sheriffs Office, for and in consideration of the opportunity to ride with and observe a law enforcement officer in the performance of his duties, do hereby agree as follows:

(1) I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions or causes of action, against the Sheriff of Guilford County and/or Guilford County, its officers, agents, and employees, of whatever kind or nature that may arise in any manner by reason of injury or damage to my person or property or both while I am riding in a patrol car, observing any operation, or participating in this program in any other manner.

(2) I do hereby covenant and agree that I will never instigate any suit or action against the Sheriff of Guilford County and/or Guilford County, its officers, agents, or employees for damages or loss or injury of any kind or on account of any damages, loss or injury to my person or property or both which may arise in any manner while I am riding in a patrol car, observing any operation or participating in this program.

(3) This agreement holds harmless the Sheriff of Guilford County and/or Guilford County, its officers, agents, and employees, for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.

(4) I do hereby covenant, agree, and understand that if I am authorized to participate in this Ride-Along Program my only capacity will be that of a passenger/observer. I understand that I am not permitted to take part in any law enforcement action or assist or perform any law enforcement task or function unless I am specifically requested to do so by the officer I am assigned to ride with.

**I have read the foregoing waiver and covenant not to sue and I understand that it constitutes a formal and binding legal document.**

Signature of Participant	Signature of Parent or Guardian	Date:
--------------------------	---------------------------------	-------

Witness	Date:
---------	-------

\*\*\*\*\*

Officer Assigned:	Platoon:	Zone:	Car:
-------------------	----------	-------	------

Date:	Day of Week:	Time Start:	Time Stop:
-------	--------------	-------------	------------

Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>	Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>
------------------------------------	---------------------------------------	------------------------------------	---------------------------------------

Date: _____	Date: _____
Division Commander:	Supervisor

**Guilford County Sheriffs Office**  
**Limitations and Conditions for Participation in Ride-Along Program**

*[See Sheriffs Directive 15.8 'Ride-Along Program']*

Participants are authorized to ride in patrol vehicles in a passenger/observer capacity only. Participants are not permitted to take any law enforcement action, assist in conducting investigations, or perform any other law enforcement task or function. All persons except Guilford County Sheriff s Department Law Enforcement Explorers must wear civilian clothes when participating in the Ride-Along Program.

No participants are permitted to operate department vehicles, handle or possess firearms or weapons, or use any department equipment. Participants may use the radio or communications system at the request of the officer only in the event of extreme emergency.

All participants must be at least 18 years old or a senior in High School except for departmental law enforcement Explorers who must be at least 14 years old. The Sheriff must approve all requests for anyone under these ages to participate in the program.

Assignments will be for a specified, consecutive period of time. Requests for multiple assignments must be approved by the Sheriff.

Participants will be assigned to ride with uniformed patrol units. Requests to ride with officers in other sections or divisions of the department must be approved in advance by the Division/District Commander supervising the unit/section/division in question.

Where a situation arises that may expose the participant to undue danger, violence or other potentially hazardous situation, the officer will exercise discretion in determining an appropriate course of action. The officer is authorized to temporarily leave the participant in a suitable safe location while responding to the call. Another officer may be sent to pick up the ride-along participant or the initial officer shall ensure that the participant is picked up after the call is handled.

The Guilford County Sheriff s Office reserves the right to reject or revoke participation in the ride-along program if such participation would not serve the best interest of the Sheriff. Officers having knowledge of facts or circumstances that would indicate a person is unsuitable for participation should notify the District/Division Commander immediately. Approval of participation will be withheld until completion of a criminal history which includes checking DCI for criminal history and Administrative Office of the Courts records as well as running their name through the Spillman system for departmental involvements or arrests.

Each participant is under the direct and complete supervision and control of the officer to whom he is assigned. Officers who experience difficulty with a participant should immediately **return the rider** to the Law Enforcement Center or District Office and notify his supervisor of the circumstances and facts leading to this action. The supervisor will forward the information to the District/Division Commander for review and appropriate action. Any participant causing problems may be permanently barred from future involvement in the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness

Date Executed: \_\_\_\_\_