# El Dorado County Sheriff's Office Ride Along Form

	Aviation	Patrol	Boat	Other:	
NAME:	st)	(First)	(M	iddle)	
Address:			City: _		State:
Phone:		Occupation: _			
Date of Birth	:(mm/dd/yyyy)	Height:	Weight:	DL Num	ber:
REASON FO	R REQUESTI	NG A RIDE ALC	NG:		
Attach phot	ocopy of your	governmental	picture identific	ation card.	
			te in a ride-alor		
		<b>A</b> .	ODEEMENT		
AGREE	EMENT ASSUN		<b>GREEMENT</b> INJURY, DEAT	H OR DAMAGE	WAIVER AND
			•	TY AGREEMENT	
	PLEASE R	EAD THIS DOC	UMENT IN FUL	L BEFORE SIGN	IING
					ce of the County of
					or vehicle assigned official duties. No
					reely contacted the
					e. I understand that
					s, both foreseeable
and unfores	seeable. These	e dangers includ	de, but are not li	mited to, acciden	its in the aircraft or
					al injury, or property
					uring their duties. I
UNDERST	AND THAT CIV	ILIANS ARE PI	ROHIBITED FRO	OM CARRYING $ackslash$	WEAPONS WHILE

I freely and voluntarily, with full knowledge of the risks, assume the risk of death, personal injury, or property damage that may arise from various causes during the ride along, including but not limited to the use of weapons, vehicle or aircraft accidents, unlawful acts, or any emergency situations. I am fully aware of these risks and accept them willingly.

RIDING AS AN OBSERVER.

## El Dorado County Sheriff's Office Ride Along Form

I furthermore am aware of the risk and freely and voluntarily assume the risk of ANY PERSONAL INJURY, OR DEATH, OR PROPERTY DAMAGE CAUSED IN WHOLE OR IN ANY PART OR DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE COUNTY, ITS OFFICERS, GENTS, OR EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBER OF THE EL DORADO COUNTY SHERIFF'S OFFICE PURSUANT TO MY REQUEST.

#### I AGREE THAT:

- 1. At all times I participate as an observer of the Sheriff's Office. I shall obey the instructions of any of its members.
- 2. The County of El Dorado, its officers, agents, and employees, JEFF LEIKAUF, Sheriff of the County of El Dorado, his sureties, all members of the Sheriff's Office of the County of El Dorado, their sureties, and each of them, shall not be responsible or liable for, and I hereby release each and all from, any responsibility or liability for any death, damage, loss or expense, either to me or my property, incurred or occurring while riding in any aircraft or vehicle assigned to the El Dorado County Sheriff's Office or while accompanying any member or members of said Office during the performance of their official duties CAUSED IN WHOLE OR IN ANY PART OR DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE COUNTY, ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBER OF THE EL DORADO COUNTY SHERIFF'S OFFICE AND COUNTY PERSONNEL WHO MAINTAIN COUNTY VEHICLES OF AIRCRAFT.
- 3. I, my heirs, executors, administrators and assigns will defend and indemnify the County of El Dorado, its officers, agents and employees, JEFF LEIKAUF, Sheriff of El Dorado County, all members of the El Dorado County Sheriff's Office, their sureties and each of them, against all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind of nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission on my part while riding in any aircraft or vehicle assigned to the El Dorado County Sheriff's Office or while accompanying any member or members of said Sheriff's Office during the performance of their official duties.

I hereby represent that I have carefully	read and	understand	the content	s of this	document	and
sign the same of my own free will.						

Signature	Date

### El Dorado County Sheriff's Office Ride Along Form

For Official Use Only

Da	te Received	0111014		Reviewed E	Зу
Dat	te Contacted			Date Approved /	Denied
D-4	a Cabadulad				
Dat	e Scheduled			Date Participa	ated
WPS	CORI	D	L	Local	Date

#### REQUIREMENTS FOR RIDE-ALONG

- 1. Applicants must be 18 years of age (14 ½ for Explorers, 16 for ROP), or older at the time application is submitted.
- 2. Applicants are <u>not</u> allowed to ride more than once in any given 12-month period. (This is due to the large number of applications anticipated and to prevent a backlog of applicants waiting to participate.) Anyone expressing an interest in participating again shall be advised by the *deputy* at the time of their ride that they must wait at least 12 months to submit another application.
- 3. All participants must sign this general waiver of liability waiver before they are allowed to ride
- 4. Dress Code: Participants are required to be neatly dressed during the ride-along. Males and females shall be required to wear business casual attire. Persons will not be allowed to participate if they show up in faded and patched blue jeans, T-shirts, halter tops, etc.
- 5. All deputies work a *12-hour* shift. Participants in the ride-along program are not required to ride the entire shift, and at the discretion of the host deputy, may be returned to the office at any time.

Host Deputy Comments:	
DEPUTY'S SIGNATURE Badge#	Date