



# OFFICE OF THE SHERIFF

## Ride Along Request



### RELEASE FROM RESPONSIBILITY FOR PARTICIPATION IN THE SARPY COUNTY SHERIFF'S OFFICE RIDE ALONG PROGRAM

This Release is signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, and  
Participant's Full Name (PRINT)

\_\_\_\_\_  
Parent/Guardian if participant is a minor child (PRINT)

\_\_\_\_\_  
Relationship to Participant

The participant is signing this document as a condition to his/her participation on a "ride along" with the road patrol division of the Sarpy County Sheriff's Office ("Sarpy"). This document will release Sarpy, Sarpy County, and all of its employees from liability as described below that may result from the "ride along" which the participant wishes to complete with Sarpy.

The participant agrees that he/she is of lawful age (the age of majority in Nebraska is nineteen (19) years of age). The participant understands that in order to participate in the "ride along" program with Sarpy, he/she is required to agree not to hold Sarpy, Sarpy County, and all of its employees liable for any and all injuries or damages, including death, which may occur during the course of his/her participation in the "ride along" program with Sarpy. This agreement covers any and all causes of action which the participant or his/her estate may have against Sarpy, Sarpy County and all of its employees. The participant agrees that this release applies whether any type of injury or loss occurs as a result of negligence or otherwise.

The participant also agrees to release Sarpy, Sarpy County, and all of its employees from any claim which the participant may have for first aid, treatment, or other medical aid rendered to the participant during his/her participation in the "ride along" program.

This release contains the entire agreement between the participant and Sarpy. The terms of this release are binding and form a real contract between the parties. The participant agrees that he/she has carefully read and considered the provisions of this release, knows the contents of this release, and signs this release as his/her own voluntary act.

The participant further agrees to release Sarpy, Sarpy County, and all of its employees, from any claims for injuries or damages which may be caused by the participant's willful, reckless, and/or negligent behavior while participating in the "ride along" program. This release also includes any claims for attorney's fees.

In witness whereof, the participant and a representative from Sarpy County have signed this release on the date, month, and year which are noted above.

\_\_\_\_\_  
Participant's Full Name (PRINT)

\_\_\_\_\_  
Parent/Guardian (PRINT), if applicable

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Sheriff's Department Representative (PRINT)

\_\_\_\_\_  
Ser#      Position

\_\_\_\_\_  
Sheriff's Department Representative's Signature



# OFFICE OF THE SHERIFF

## Ride Along Request



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

Name(PRINT): \_\_\_\_\_  
(Last Name) (First Name) (MI)

Address: \_\_\_\_\_  
(Street) (Home Phone)  
\_\_\_\_\_  
(City) (State) (Work Phone)

Date of Birth: \_\_\_\_\_  
(Cell Phone)

Drivers License #: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

Date(s) Requested to Observe (time cannot exceed four (4) hours or past 0200 hours):

- 1) \_\_\_\_\_ Time: \_\_\_\_\_
- 2) \_\_\_\_\_ Time: \_\_\_\_\_
- 3) \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release form must be completed and attached to this request form.  
A records check will be completed for all participants.**

Records check by: \_\_\_\_\_

Approval:

\_\_\_\_\_  
Division Lieutenant Date to Observe \_\_\_\_\_ to \_\_\_\_\_  
Time Time

\_\_\_\_\_  
Division Commander Deputy Assigned by Division Commander

\_\_\_\_\_  
Sheriff