



La Plata County Sheriff's Office

RIDE ALONG APPLICATION

AGREEMENT ASSUMING RISK OF INJURY OF DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I _____, being over the age of eighteen and not being a member of the Sheriff's Office of the County of La Plata has made a voluntary request to ride as an observer in a vehicle assigned to the Sheriff's Office during the performance of their official duties, and

WHEREAS, the Sheriff's Office of the County of La Plata is willing to allow me to ride as an observer in a vehicle assigned to that department during the performance of their duties on the following conditions:

NOW, THEREFORE, In consideration of the permission given to me to ride in a vehicle assigned to the Sheriff's Office and to accompany a member or members of said department during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the Sheriff's Office is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Sheriff's Office during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or personal damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, the escape of radioactive substances, or vehicle accidents while accompanying a member or members of the Sheriff's Office during the performance of their official duties.

2. That the County of La Plata, its sureties, and members of the Sheriff's Office of the County of La Plata their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property incurred while riding in any vehicle assigned to the Sheriff's Office or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Sheriff's Office.

3. For myself, my heirs, executors, administrators and assigns, to defend the indemnify the County of La Plata and all of its employees, their sureties and each of them, against any and all manner of actions, causes of action, suits, debts, claims, demands, or damages of liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the 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 contents of this document and sign the same of my own free will.

Date	Signature
/	Address
Date of Birth/Social Security #	City, State & Zip
Witness	

CAUTION: Read this document in full before signing

Revised 3-24-05

LA PLATA COUNTY SHERIFF'S OFFICE

RIDE-ALONG REQUEST FORM

Name _____

Date of Birth: _____ SSN: _____

Address: _____ Phone: _____

_____ Cell: _____

Date & Time requesting Ride-along:

Please state your reason for requesting a ride-along:

Have you ever participated in a ride-along before? If so, when and with whom?

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(Do not write below this line: Official Use Only)

Request approved: _____ Disapproved: _____ By: _____

Reasons: _____

Date: _____ Code 2: _____ Criminal History: _____ By: _____

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Ride Along on: _____ From: _____ To: _____

Ride with _____ No: _____