

**CAROLINE COUNTY SHERIFF'S OFFICE
CITIZEN RIDE-ALONG REQUEST**

Dear Sir:

If possible, I would like to ride with Deputy _____ or a Deputy of your choosing:

Date Preferred: _____ Time of Day Preferred: _____

I make this request based on the following: _____

_____.

I have read and signed the attached release form and I understand the provisions.

Name:		DOB:		SSN:	
Address:					
Phone #		Best time to contact:			

DATE

SIGNATURE OF RIDER

PARENT/GUARDIAN SIGNATURE (if rider is juvenile)

PARENT/GUARDIAN PRINT NAME (if rider is juvenile)

TO: Deputy _____

FROM: Lieutenant _____

SUBJECT: Authorization for Ride-Along

Request is: DISAPPROVED: APPROVED: _____

A. A. "Tony" Lipa, Jr., Sheriff

CAROLINE COUNTY SHERIFF'S DEPARTMENT
RELEASE AND WAIVER

KNOW ALL MEN BY THESE PRESENT, that I _____, on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the department during the course of their or his duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the county, the Sheriff's Office, and each and every deputy, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the police department, whether in a police vehicle, in the Sheriff's Office, or otherwise in association with the Sheriff's Office and deputies and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the Caroline County Sheriff's Office.

I understand that a criminal history and DMV background will be done prior to approval. I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany a deputy or deputies of the Caroline County Sheriff's Office at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property. I understand that I may be required to appear as a witness in court. I also understand that I may end the ride along at any time I wish to do so.

Person requesting Ride-Along (Signature)

Parent/Guardian (If Signer Is a Juvenile) (Signature)

State of Virginia, County/City of _____.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, 20__ that whose name is signed, personally appeared before me, acknowledged the foregoing signature to be his/her, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

Signature Notary Public

My Commission Expires _____

(This waiver must be attached to a Ride-Along Request Form and approved by the Sheriff or his designee.)