

COLLETON COUNTY SHERIFF'S OFFICE



Charles Ghent, Sheriff
Colleton County, South Carolina

RIDE ALONG REQUEST

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE #: _____

EMPLOYED BY: _____

DATE REQUESTED TO RIDE: _____

TIME REQUESTED: _____

REASON FOR REQUEST: _____

CERTIFICATE OF UNDERSTANDING AND WAIVER

I understand that I am under direct supervision of the deputy with whom I am assigned and in no way will I hinder said deputy from the performance of his/her duties. I further agree to adhere to all department policies, rules and regulation. I understand that the maximum allowable riding time is at the discretion of the Sheriff's administration.

I hereby agree to release and hold the Colleton County Sheriff's Office, free and harmless from any and all liability and claims from damages by reason of any injuries or harm that arise of my part participation in the ride along program.

Signature of Requestor

Approving Supervisor

394 Mable T. Willis Blvd., P.O. Box 433, Walterboro, SC 29488
Phone (843) 549-2211 Fax (843) 538-4384
www.colletoncounty.org



READ THE EXCERPT FROM THE COLLETON COUNTY SHERIFF'S OFFICE POLICY BELOW AND SIGN IN THE SPACE(S) PROVIDED

1. All persons authorized to ride in patrol vehicles will participate in a passenger/observer capacity only. Participants will not be permitted to take part in any law enforcement action, assist in conducting investigations, or perform any other law enforcement task or function.
2. Participants are not permitted to operate any patrol vehicle, handle or possess firearms or other weapons, or use equipment issued by the Colleton County Sheriff's Office. Participants may use the communications system only in the event of an extreme emergency.
3. All participants will wear civilian clothing while participating in the Ride-Along Program.
4. Participants must be at least 18 years old, with the exception of programs designed specifically for minors (e.g. Explorers Program).
5. Assignments will normally be limited to uniformed patrol units and made by the shift supervisor. Request for other assignments must be reviewed and approved by the Sheriff or designee.
6. Situations may arise that would expose the participant to undue danger, violence, or other hazardous conditions. In such cases, the deputy will exercise discretion and will have the authority to temporarily leave the participant at a suitable location while responding to the call.
7. Ride Along participants are limited to 4 hours each day and no more than 12 hours a week and will end no later than twenty-two hundred.
8. Any person submitting a request to participate in the patrol ride-along program may be rejected if such participation would not serve the best interests of the Sheriff's Office. Deputies having knowledge of facts or circumstances that would tend to show the person unsuitable for participation should advise a supervisor.

I have read the above policy and I understand that I am required to abide by its provisions at all times.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

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WAIVER OF LIABILITY

I, _____, as a participant in the Ride-Along program of the Colleton County Sheriff's Office, for and in consideration of the opportunity to ride with and observe a law enforcement officer in the performance of his duties, 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 Colleton County his deputies, agents, and employees and of Colleton County itself, or whatever kind or nature 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 operations, 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 Colleton County Sheriff, his deputies, 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 the Sheriff, his deputies, agents, and employees harmless 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 the 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 specifically requested to do so by the deputy I am assigned to ride with.

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

SIGNATURE OF PARTICIPANT

DATE

PARENT OR GUARDIAN, IF APPLICABLE

DATE

WITNESS

DATE

