



## RIDE ALONG REQUEST

### **PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

(If education related) Name of School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

If Under 18 years of age, name of parent or legal guardian: \_\_\_\_\_

Reason for ride along request: (please check all that apply)

- I am an active/inactive Peace Officer (with valid Dept. ID)
- I am a City Council/City Manager  Other: \_\_\_\_\_
- I am a relative or friend of the officer
- Volunteer/Citizen Academy
- Employment Consideration
- Other: \_\_\_\_\_

### **WAIVER, RELEASE AND INDEMNIFICATION OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE**

I, the above named person being above the age of eighteen years and not a member of the Teton County Sheriff's Office, and, if under age of eighteen years, the legal guardian of the above-named person, in consideration of the services of the Teton County Sheriff's Office, hereby acknowledge, agree and covenant with, and release and discharge the Teton County Sheriff's Office on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

#### **ACCEPTANCE OF RISKS**

I have made a voluntary request to accompany and ride as a guest with a member of the Teton County Sheriff's Office. I understand and acknowledge that this activity bears certain known risks and unanticipated risk of bodily harm or damage to my property. I also understand and acknowledge that as a result of my participation in this activity, I may be required to serve as a witness in an administrative, civil or criminal proceeding. I agree, covenant and promise to comply with the Citizen Rider's Responsibilities, a copy of which is attached hereto and has also been provided to me. I also agree, covenant and promise to accept and assume all responsibility and risk, known or unknown, anticipated or unanticipated, for any bodily harm or damage to property arising from my participation in this activity.

#### **RELEASE, INDEMNITY AND PROMISE NOT TO SUE**

I hereby voluntarily release and forever discharge the Teton County Sheriff's Office, its agents or employees, and Teton County, its agents or employees from any and all liability, claims, demands, actions or rights of action which arise out of or are in any way related to or connected with my participation in this activity, including specifically, but not limited to, the negligent acts or omissions of the Teton County Sheriff's Office, its agents or employees, for any and all injury, death, illness or disease, and damage to myself or to my property. I further agree, promise and covenant to hold harmless, defend and indemnify the Teton County Sheriff's Office, its agents or employees from all defense cost, including attorney's fees, or from any other cost incurred in connection with claims for bodily injury opportunity damage which I may negligently or intentionally cause to any person other than myself in the course of my participation in this activity.



**Teton County Sheriff's Office**  
**Sheriff Tony Liford**



TCSO Form 610  
 (Rev.1 03/17)

230 N Main St., #160, Driggs, ID 83422 – Phone: (208) 354-2323 – Fax: (208) 354-8028 – Email: [sheriffdocs@co.teton.id.us](mailto:sheriffdocs@co.teton.id.us)

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me riding with and accompanying law enforcement persons and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release Teton County, the Teton County Sheriff's Office and any and all elected or appointed officials, administrators, officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am accompanying any of the aforementioned persons or entities, whether in or out of a vehicle.

**AUTHORIZATION FOR CRIMINAL RECORDS CHECK**

I hereby authorize the Teton County Sheriff's Office to conduct a background records check to determine whether I have any criminal convictions or pending criminal charges. A felony or misdemeanor criminal conviction may be grounds to deny a request for a ride along.

**CITIZEN RIDER'S RESPONSIBILITIES**

1. Use seat belts.
2. On car stops, remain in the vehicle until after initial contact by the officer has been made, then you may stand next to the door of the patrol vehicle.
3. Do not talk to any person contacted by an officer.
4. Follow all instructions of the officer to whom you have been assigned.
5. Keep confidential names and/or other information, which, if made public, could be detrimental to public safety or which may jeopardize the community standing of any citizens.
6. If a dangerous situation arises, i.e., gunfire, fights, fire, etc., do not attempt to assist the officer. Instead, get away quickly, and call the Teton county Sheriff's Office and explain what happened.
7. If an officer is dispatched to a hazardous call, exit the patrol vehicle and wait to be picked up after the danger is over.
8. Stay in the vehicle at the scene of a call unless the officer indicates otherwise (based on the nature of the call and the officer's discretion concerning the circumstances of the call). If the rider stays in the vehicle, the officer will explain the circumstances of the call when he/she returns or as soon as possible.

**I have read the foregoing and I understand that the terms including the citizen rider responsibilities of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.**

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature (If under 18 years of age) \_\_\_\_\_  
 Date

For office use below this line.

Background Check:

- Waiver completed and signed.  
 Local and Criminal History check performed by: \_\_\_\_\_ on this date: \_\_\_\_\_

Sheriff/Chief Deputy Approval:

- Approved  
 Denied

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Approval expires 6 months from this date.