

STEARNS COUNTY SHERIFF'S OFFICE

RIDE-ALONG PROGRAM WAIVER OF CLAIM

Name: _____ Date of Birth: _____
Last First Middle

Address: _____ Phone #: _____
(Street Address/Apartment #)

(City/State/Zip)

Reason for request to do a ride-along: _____

Have you ridden before? Yes No If yes, when? _____

BE IT KNOWN, that I, _____, on _____ being of lawful age and of sound mind, for myself, any of my heirs, administrators, executors and assigns, hereby waive the right to assert my claim, action or cause of action whatsoever against Stearns County or its employees, officers and agents for any injury, loss or damage whatsoever, to my person and/or personal property in my possession, including injuries resulting in death, arising out of any accidents or events occurring while I am riding as a passenger in a Stearns County Sheriff's Office vehicle and/or accompanying Stearns County Sheriff's Deputies in the performance of their duties.

I am aware that circumstances, events, dangers or hazards may arise or occur while I am a passenger in such police vehicle and/or accompany such deputies that could expose me to harm and may result in personal injury, loss, damage or death as aforesaid, and I assume the risk of such known or unknown circumstances, events, dangers or hazards, whether reasonably foreseeable or not.

I further agree to save and hold Stearns County and the Stearns County Sheriff's Office harmless and defend from any and all claims that may arise or are attributable directly or indirectly to me in conjunction with my participation in the Stearns County Sheriff's Office Ride-Along Program.

I have read the above and I fully understand the legal significance of my signature and I have received a copy of this waiver.

SIGNED: _____

In case of emergency, please notify: _____
Name Phone # Relationship

Permission hereby is granted to the above-named party and whose signature is affixed to this form to ride as a passenger in a Sheriff's Office vehicle on _____, from _____ hours to _____ hours.

APPROVED BY:

Sheriff/Designee: _____

Date: _____

Deputy: _____

Attached:

Criminal History

Past Contacts

Driver's License Check