

**BEAUFORT COUNTY SHERIFF'S OFFICE
APPLICATION FOR RIDE-ALONG PROGRAM AND LIABILITY RELEASE FORM**

Complete and sign the front and back portions of this form

NAME: _____ DOB: _____ SEX: ____ DATE: _____

ADDRESS: _____ PHONE #: _____

NCDL #: _____ SOCIAL SECURITY #: _____

OCCUPATION: _____ EMPLOYER: _____

WITH WHOM DO YOU LIVE? _____

LIST 3 REFERENCES:

(1) _____
name address employment home & work phone #

(2) _____
name address employment home & work phone #

(3) _____
name address employment home & work phone #

WAIVER OF LIABILITY

I, _____, as a participant in the Ride-Along program of the Beaufort 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 the County his deputies, agents, and employees and of the County itself, of 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 operation, 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 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 foregoing waiver and covenant not to sue. I understand that it constitutes a formal legal document.

(Signature of Participant & Parent or Guardian, if applicable)

(Date)

(Witness)

(Date)

READ THE EXCERPT FROM THE BEAUFORT 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 Beaufort 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 the Explorers program, who must be at least 14 years old.
5. Assignments will normally be limited to uniformed patrol units. Requests 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 condition. 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. 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)

(Witness)

(Date)

FOR SHERIFF'S OFFICE USE ONLY:

Ride-Along Assigned To: _____ Shift: _____ Car #: _____

Date/Time Assignment Begins: _____ Date/Time Assignment Ends: _____

Name of Participant _____

Signature and Title of Approving Supervisor: _____

**BEAUFORT COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION FORM - RIDE ALONG PROGRAM**

Background Check Assigned To: _____ Date Assigned: _____

Name of Applicant: _____ Sex: _____

Date of Birth: _____ NCDL #: _____

Results and Findings: _____

The Background Investigator,

_____ Recommends

_____ Does Not Recommend

that the applicant participate in the Ride Along Program.

Signed: _____, _____
name title

FOR USE BY THE CHIEF DEPUTY:

I, _____ recommend

_____ do not recommend the applicant above to participate in the Ride Along Program.

COMMENTS: _____

Signed: _____, Chief Deputy.

FOR THE SHERIFF'S USE ONLY:

_____ Approved ___ Disapproved
