RIDE ALONG WAIVER

The undersigned hereby requests permission to accompany Carter County Sheriff's Department on their road patrol. If such a request is granted, the undersigned hereby acknowledges that they understand that Sheriff Deputy duty operations can result in a high risk of physical injury or property damage to Sheriff Deputies and persons in their company. The following is a waiver of liability that must be completed before an individual is allowed to participate in the program. Every effort will be made and precautions taken to keep the ride-along participate away from dangerous situations but close enough to observe the working of this organization.

I understand that the ride along program is designed to be an *observer only* Program. I shall in no way represent myself or act as a police officer/deputy sheriff of this department. During any possible confrontational situation I shall remain in the patrol vehicle and shall obey any instructions I receive from the officer/deputy. If, in the officers/deputies opinion, the situation may involve imminent danger I understand that I may be dropped off at a secure location to await his/her return.

Furthermore I release the Carter County Sheriff's Department from any liability issues that involve riding in a police/patrol vehicle.

This waiver shall l	be reviewed prior to	each ride alo	ng that I partici	pate in.

	SHERIFFS SIGNATURE	
Date		