Franklin County Sheriff's Office

CITIZEN CONSENT TO RIDE

AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS

Whereas the undersigned being (under) (over) the age of eighteen and has made a voluntary written request for permission to ride as a guest or observer in a Franklin County Sheriff's Office vehicle at a time when such vehicle is operated and manned by members of said law enforcement Office and has further requested permission to accompany a member of said law enforcement office during the active performance of their official duties as Deputy.

And, whereas the undersigned acknowledges that the work and activities of said law enforcement agency are inherently dangerous involving possible risk or injury, damage, expense or loss to person and property.

Now, therefore be it understood, that the undersigned and his/her parent or guardian (if under age 18) hereby agrees that the County, the Franklin County Sheriff's Office, any member of the Franklin County Sheriff's Office, the driver or owner of any automobile owned or operated by, or in the service of the County, their sureties and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his/her estate or heirs, for any injury, damage, expenses, or loss to the person or property of the undersigned incurred while riding as guest or observer in any Franklin County Sheriff's Office vehicle, or while accompanying a member of said department during the active performance of his/her official duties as a deputy.

NOTE: READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Today's Date: _____ Reason for Request: _____

Date Requested to ride: _____ Hours Requested to Ride: _____

Your Name (Print): _____
(First) (Middle) (Last)

Date of Birth: _____ Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____

Signed: **X** _____ Date: _____

Parent or Guardian Sign here: **X** _____ Date: _____

========== **Below for Department Use** ==========

Record check: [ ] No record [ ] Record attached by: _____

[ ] **Approved** [ ] **Disapproved** (Reason) _____

Approved by (The Sheriff or his designee): _____ Date: _____

Assigned Deputy: _____ Shift: _____

Date of Ride: _____ Hours of Ride (Start) _____ (End) _____

☐ **Check here when ride is complete**

***Must be approved prior to Ride a Long**
***Return completed form to the Franklin County Sheriff's Office**