

**COVENANT NOT TO SUE, WAIVER AND RELEASE OF LIABILITY:
ADULT APPLICANT'S CONSENT**

In consideration of permission which I have received to accompany one of more deputies of the Charlotte County Sheriff's Office, Charlotte County, Florida, a governmental entity, in the course of his or their duty, the undersigned hereby release Charlotte County, Charlotte County Sheriff's Office, the Sheriff, its deputies, public officials, servants, employees, from any and all liability, claims, demands, actions, and causes of actions which I may hereafter have on account of any and all injuries to me or my property or my death, arising out of or related to any happening or occurrence, including any and all negligent acts of the foregoing parties, while I am accompanying any deputy(ies) of the Charlotte County Sheriff's Office on duty. For the same consideration, I release and covenant not to sue the Sheriff, the Charlotte County Sheriff's Office and the said persons, and agree to forever hold them harmless from any such liability, claims, demands, action, or causes of action. THE TERMS hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Charlotte County Sheriff's Office deputy(ies). I HAVE READ and understand the conditions of this program as stated and hereby voluntarily assume all risk of loss, damage, or injury to me or my property, including death, which may be sustained while or incidental to accompanying one or more deputy(ies) while on duty. THIS WAIVER AND RELEASE OF LIABILITY shall be binding upon me and my heirs, executors, administrators, personal representatives, and assigns, and shall inure to the benefit of the said Sheriff, the Charlotte County Sheriff's Office, and public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns, and successor in office.

Adult Applicant's Signature: _____ Date: _____

APPLICATION FOR CIVILIAN RIDE-ALONG: (please complete the following)

Name: _____
(Last, First, Middle)

Address: _____

City _____ State _____ ZIP: _____

Phone Number: _____
(Work) _____ (Home) _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Social Security #: _____ Occupation/School: _____

Preferred day/time to ride: _____

Reason for riding: _____

Have you ridden with the Charlotte County Sheriff's Office previously? Y N
If so, deputy's name: _____

CCSO OFFICE USE ONLY

Records check: City ___ County ___ Driver's License ___ Criminal History ___

Deputy Assigned: _____

Relationship to deputy (if any): _____

Valid for: Date: _____ Time: _____

Ride Completed: Date: _____ Time: _____

Approved By: _____

RIDE ALONG WITH THE...



CHARLOTTE COUNTY SHERIFF'S OFFICE



**A NATIONALLY & STATE ACCREDITED
LAW ENFORCEMENT AGENCY**

Dear Citizen,

Welcome to the Charlotte County Sheriff's Office and our **Ride-Along Program**. We are pleased that you have shown an interest in your county law enforcement agency and want to participate in our program. We strive to provide you with a safe and informative experience. Please adhere to the following rules and guidelines while participating in the **Ride-Along Program**:

1. Complete and return the application contained herein to your district lieutenant.
2. Upon approval of your application, you will be contacted to schedule the date and time of your ride. Additional information will be proved to you at that time.
3. Due to the popularity of the program, participants may ride only once, unless otherwise approved by the Sheriff.
4. You must be at least 16 years of age to participate. Applicants under the age of 18 will be required to have the application signed by their parent/guardian and notarized.
5. You must sign a Release of Liability and Covenant Not to Sue.
6. You must wear a seatbelt at all time while in the patrol car.
7. You must remain in the patrol car unless instructed to leave by a deputy or supervisor. You may be dropped off at a safe location should the deputy find it necessary. Please do not be offended - **this is for your safety**.
8. You must wear clothing that is suitable for contact with the public (no shorts or t-shirts).
9. You must not become involved in any incident the deputy is handling. This includes, but is not limited to, discussions of an incident with victims, witnesses, or suspects.
10. You may not use tape recorders, cameras or similar recording devices without prior approval of the Sheriff or his designee.
11. You may not handle or use any equipment assigned to the deputy or in the patrol car.
12. You may not carry a firearm while on a ride-along without prior approval from the district lieutenant.
13. You are encouraged to ask questions of the deputy about his/her job functions and role in the community.

Again, we wish to thank you for your interest in our Ride-Along Program. We welcome your comments and suggestions.

Sincerely,



Bill Cameron

I, _____, have read and understand the foregoing rules and guidelines pertaining to the civilian Ride-Along Program.

Applicant's Signature

Date

Parent/Guardian Signature

Date

(Must be signed if applicant is under 18 years of age.)

**COVENANT NOT TO SUE,
WAIVER AND RELEASE OF LIABILITY:
PARENT OR GUARDIAN CONSENT**

Minor: _____

The undersigned represent that I/we are the legally appointed or natural parent/guardian of the above-named person who is under the age of 18 years, that he/she is signing the below "Covenant Not to Sue, Waiver and Release of Liability" with our full knowledge and consent, and that I/we are joining in the execution of the same and agree to the terms thereof and do hereby acknowledge myself/ourselves in independent agreement with the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives, and assigns.

Signature of Minor

Signature of Parent/Guardian

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (name of parent/guardian) for _____ (name of minor).

Who is _____ personally known to me; or,
_____ has produced the following identification.

(type of identification)

Notary Signature