



RIDE-ALONG APPLICATION & WAIVER

San Bernardino County Sheriff's Department



GARY PENROD, SHERIFF-CORONER

Applicant name: _____ Phone: _____

Address: _____

Date of Birth: _____ Driver's License #: _____

Parent/Guardian Signature (if under 18): _____

Emergency Contact/Relation: _____

Name: _____ Phone: _____

Address: _____

Cell phone #: _____

 What is your interest as an observer?

- Interested Citizen Police Science Student Other
 Student and the Law Program Other Agency

 AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE/WAIVER AND RELEASE OF CLAIMS: I fully understand that my participation in a ride-along event with the San Bernardino County Sheriff's Department exposes me to the risk of personal injury, property damage, or death. I hereby acknowledge that I am voluntarily participating in the ride-along and expressly agree to assume any such risks.

In consideration for being permitted to participate in the ride-along, I hereby release and forever discharge the Sheriff of San Bernardino County, the County of San Bernardino, its officers, employees, agents and volunteers for any injury, death, or damage to/loss of personal property arising out of or in connection with my participation, including active or passive negligence of the Sheriff of San Bernardino County, the County of San Bernardino, its officers, employees, agents, volunteers or any other participants in the event.

In further consideration for being allowed to participate in the ride-along, I hereby agree for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless the Sheriff of San Bernardino County, the County of San Bernardino, its officers, employees, agents and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the event brought by any third party.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Application reviewed by: _____ Date: _____

Approved: _____ Not Approved: _____

Reason not approved: _____ Assigned to: _____

Employee # _____ Shift: _____ Date: _____ CNI DMV T-CITE