

SPOTSYLVANIA COUNTY SHERIFF'S OFFICE



Office of the Sheriff
Sheriff Roger L. Harris
Post Office Box 124
Spotsylvania, Virginia 22553
Phone: 540-582-7115 • Fax: 540-582-9448

RIDE-ALONG RELEASE AGREEMENT

This release is made on this ____ day of _____, 20____, in the County of Spotsylvania, Virginia by and between the Spotsylvania County Sheriff's Offices and _____ hereinafter referred to as "Applicant".

WITNESS:

I, _____, hereby acknowledge that I have voluntarily requested to ride with the Spotsylvania County Sheriff's Office in their emergency vehicles on patrol and when they respond to emergency calls and/or to accompany such personnel.

I am aware that participation in any of the above activities (which may include high speed vehicle operation and/or confrontations with armed, dangerous, abnormal, intoxicated and/or diseased persons) is hazardous and dangerous and I am cognizant of and assume such dangers and risks, foreseen or unforeseen, including possible personal injury by coming in contact with persons who carry communicable diseases. I certify that I am a voluntary participant in the above activities with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

As a good and valuable consideration for being permitted by Spotsylvania County Sheriff's Office, and to participate in these activities, I hereby agree that I, my heirs, distributees, guardian, legal representatives and assigns will not make any claim against, sue, attach the property of, or prosecute Spotsylvania County and/or its individual employees or agents for injury, damage, or death, howsoever caused, resulting from or relating to my participation in the activities as set forth herein.

In addition, I hereby release, discharge and hold harmless Spotsylvania County Sheriff's Office, its agents, employees and assigns, from all actions, claims or demands that I, my heirs, distributees, guardian, legal representatives, or assigns now have or may hereafter have for injury, damage or death resulting from my participating in said activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between the Spotsylvania County Sheriff's agents, and myself and I have signed it of my own free will. I am of lawful age and legally competent to sign this release.

WITNESS the following signatures:

By: _____ Date _____ By: _____ Date _____
Applicant Date Witness Date

DOB: _____ SSN: _____ Phone: _____

Records Check: _____ XRMS: _____ CCH: _____ QT: _____

APPROVED as to form:

By: _____ Date _____
Command Staff Date

Date of Ride: _____ Shift: _____ Deputy Assigned: _____