

# Lincoln County Sheriff's Office

Sheriff Rene King

## General Release of Liability from Rider Accompanying Deputy Sheriff

Please print neatly and clearly.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Last Name                      First                      Middle Initial                      Birthday (MM/DD/YY)

\_\_\_\_\_  
Driver's License Number                      State                      Social Security Number

\_\_\_\_\_  
Local Address                      City                      State                      Zip                      Main Phone Number

Date(s) requested: \_\_\_\_\_  Requested Deputy: \_\_\_\_\_  Any Deputy

Shift:  Day (7am-5pm)  Swing (4-7pm)  Grave (9pm-7am)  Partial \_\_\_\_\_

Reason for Ride-Along:  Family  Student  Other: \_\_\_\_\_

For and in consideration of being allowed to ride with a Deputy of the Lincoln County Sheriff's Office and/or accompany an employee or agent of said entity for my own personal benefit, I do hereby release Lincoln County, a political subdivision of the State of Idaho, the Lincoln County Sheriff's Office, and any and all elected or appointed officials, administrators, deputies, employees, volunteers, agents, insurers, and any other individuals or entities affiliated with such person affiliated with such person or entities.

I acknowledge that I understand there are many known and unknown dangers and/or risk associated with me riding with and accompanying law enforcement persons and I grant a general release, for myself, my heirs, executors, administrators, and assigns and I waive, remise, and forever discharge and release Lincoln County, the Lincoln County Sheriff's Office, and any and all elected or appointed officials, deputies, administrators, employees, volunteers, agents, insurers, and any other individuals or entities affiliated with such person and/or entities from any and all claims, several or otherwise, past, present, or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am accompanying any of the aforementioned person or entities, whether in or out of a vehicle.

I agree to follow all lawful instructions given by law enforcement personnel to remain in or near the police vehicle unless otherwise directed. Because the law enforcement officer sustains additional personal risk by having a rider the Sheriff grants all Deputy Sheriff's the authority to decline riders.

I have read the foregoing and I understand that the terms of this agreement are contractually and legally binding and no verbal statement to the contrary, by any person or entity can void or alter the terms of this agreement.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*If the Applicant is under eighteen (18) years of age, a parent of legal guardian must also read and sign the waiver and give consent to the aforementioned waiver and agree to all terms contained therein.*

\* \_\_\_\_\_  
Minor Applicant's Last Name                      First                      Middle Initial                      Birthday (MM/DD/YY)

\*Minor Applicant's parent or legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above Applicant has permission to ride under the above stipulated conditions:  Approved  Denied

Single time only, authorized by: \_\_\_\_\_  
Patrol Supervisor                      Date

Continuous ride, authorized by: \_\_\_\_\_  
Sheriff                      Date

NCIC Check  
 In House Background  
Verified by Dispatch  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_