

I, ______, being ______ years of age, DOB ______ and not being a member of the Crook County Sheriff's Office (CCSO), have made a voluntary request to ride as a guest in a vehicle owned and operated by CCSO and to accompany a member of the Sheriff's Office during the performance of their duties (hereafter referred to as a "ride-along").

In consideration of the permission given to me to participate in a ride-along, I, on behalf of myself, my heirs, executors, administrators and assigns, AGREE to fully RELEASE Crook County and CCSO, their deputies, agents and employees, from any claims for damage or injury to my person, my property, or my death, and to INDEMNIFY Crook County and CCSO, their deputies, agents and employees and employees for any and all claims brought as a result of my death or injury or for any property damage resulting from my participation in this ride-along.

_____ (Initial) I am aware that the work of the Sheriff's Office is inherently dangerous and that I may be killed, injured, or suffer damage to my personal property by accompanying a member or members of CCSO on a ride-along.

_____(Initial) I understand that there are many potential risks that I will be exposed to as a result of my participation in a ride-along, including but not limited to motor vehicle collisions, use of weapons, unlawful acts, forcible resistance by law violators or suspected law violators, harassment, assault, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive substances.

______ (Initial) I freely, voluntarily and with full knowledge of the potential risks set forth above assume the risk of death, personal injury, or property damage arising from my voluntary participation in this ride-along and I understand and acknowledge that I am under no pressure or obligation to participate in the ride-along program.

_____ (Initial) I understand that I may completely avoid the potential risk of death, personal injury or property damage that may be associated with participation in a ride-along by choosing not to participate in this activity.

______ (Initial) I AGREE on behalf of myself, my heirs, executors, administrators and assigns to defend and indemnify Crook County and CCSO, their deputies, agents, employees, sureties and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while participating in the ride-along program.

(Initial) I AGREE on behalf of myself, my heirs, executors, administrators and assigns to defend and indemnify Crook County and CCSO, their deputies, agents, employees, sureties and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, damages or liability or expense of every kind and nature brought on my behalf or on behalf of my heirs, executors, administrators or assigns to recover for my death, injury or damage to my property.

NOTICE: This Full Release and Indemnification Agreement substantially affect your legal rights regarding your participation in a CCSO ridealong. It is strongly recommended that you consult with an attorney before signing this document. By signing this document, you acknowledge and agree that you have had the opportunity to discuss this document with an attorney prior to signing or have knowingly decided not to discuss it with an attorney. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

| A Participant Signature | Date | Phone Number | Date/Time Requested |
|----------------------------|------|-------------------------|--------------------------------------|
| x | | | |
| Parent/Guardian Signature | Date | Reason Requested (ex- s | chool assign, public interest, etc.) |
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RIDE-ALONG FOLLOW UP (To be completed by Staff)

| Participant Name | Phone Number | Reason |
|--|----------------------------|---|
| Date CCH Reviewed | Approved: (circle one) Yes | s No |
| Date/Time Requested | Driver/Date/Time Completed | d: (Please note: ride-along limited to 4 hours) |
| X Supervisor Signature (Witnessing/Autho | orizing) | |
| | | |



This form must be returned to the Office Manager upon completion of ride-along.