

Dear Citizen,

Welcome to the Teton County Sheriff's Office and our **Ride-Along Program**. We are pleased that you have shown an interest in you Sheriff's Office and want to participate in our program. We hope to provide you with a safe, informative experience and therefore ask that you adhere to the following rules and guidelines while participating in the **Ride-Along Program**.

1. The application must be completed and returned to the Sheriff's Office prior to riding.
2. Once approved, your application will be assigned to a patrol deputy. A specific patrol deputy may be requested. The **Ride-Along** will last approximately four (4) hours. The patrol deputy will contact you and schedule the date and time to ride. Any additional information will be provided to you at that time.
3. Due to the popularity of this program, you will only be allowed one (1) **Ride-Along** per calendar year.
4. A waiver of liability must be signed prior to your ride.
5. You must always wear your seat belt while in a patrol vehicle.
6. You must wear clothing that is suitable for contact with the public – nice pants or jeans, nice sweater, collared shirt, etc.
7. You must remain in the patrol vehicle unless otherwise instructed by a deputy. There may be times when the deputy feels, for safety reasons; you should be dropped off at a safe location. Please do not be offended- this is for your safety.
8. You must not become involved in any incident the deputy is handling. This includes discussions of an incident with victims, witnesses, or suspects.
9. No tape recorders, cameras, or similar devices are allowed without the prior approval of the Sheriff.
10. Applicants under the age of eighteen (18) must obtain written permission from their parent/guardian.
11. For security and safety reasons, you are not allowed to handle or use any of the deputy's equipment or the equipment in the patrol vehicle.
12. We encourage you to ask questions of the deputies about their job and their roll in the community.

Again, we wish to thank you for your interest in this program. We encourage your comments and suggestions about this program and your Sheriff's Office.

Sincerely,

Jim Whalen
Sheriff

I, _____, have read, understand, realize, and agree to the above rules and guidelines pertaining to the civilian **Ride-Along Program**.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

(Must be signed if applicant is under 18 years old)

**COVENANT NOT TO SUE, PROMISE TO RELEASE,
RELEASE OF LIABILITY**

In consideration of permission which I have obtained to accompany one (1) or more Deputy Sheriffs of the Teton County Sheriff's Office in the course of their duties, I, the undersigned, do, by the presents, release Teton County, it's Sheriff and Deputies, agents, employees and public officials from any and all liability in any and all causes of action which I may hereafter have on account of any and all injuries and damage to me or my property or on account of my death, arising out of or related to any happening or occurrence while I am accompanying any Deputy Sheriff of the Teton County Sheriff's Office on duty, or incidental thereto, and for the same consideration, I promise to release and covenant not to sue Teton County and the said persons, and agree to forever hold them and each of them harmless from any liability, claims, demands, actions or causes of action. The terms hereof shall be in full force and effect on the date hereof and on ay other occasion when I may hereafter accompany any Teton County Sheriff or Deputy Sheriff in the course of their duties. I am aware of the risks and hazards inherent in accompanying one (1) or more Deputy Sheriff's when on duty, and so 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 (1) or more Teton County Sheriff or Deputy Sheriff's while on duty. This release and agreement shall be binding upon me and my heirs, executors, administrators. Personal representatives, and assigns, and shall insure to the benefit of Teton County, its employees, officers, agents, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors In office.

Applicant's Signature

Date

THIS PAGE TO BE COMPLETED IF THE PERSON RIDING ALONG IS A MINOR

COVENANT NOT TO SUE, PROMISE TO RELEASE, RELEASE OF LIABILITY: PARENT OR GUARDIAN'S CONSENT

MINOR

I/we, the undersigned, represent that I/we are the legally appointed or natural guardian(s) of the above named person who is under the age of eighteen (18) years, that he/she has signed the afore document (Covenant Not to Sue, Promise to Release and Release of Liability) with our full knowledge and consent, and that I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves and my/our heirs, executors, representatives and assigns.

Minors' Signature

Date

Parent/Guardian's Signature

Date

APPLICATION FOR CIVILIAN RIDE-ALONG PROGRAM

Name: _____

(Full Name: Last, First Middle)

Street

Address: _____

Mailing

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

(Home) (Work)

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____

Occupation: _____

Employer: _____

(Name) (Address)

Hours and day of week you would prefer to Ride-Along: _____

Please describe your reason for wanting to Ride-Along: _____

Have you done a Ride-Along with Teton County Sheriff's Office before? Yes: __ No: __

If yes, when: _____

Deputy's Name: _____

DO NOT WRITE BELOW THIS LINE
TETON COUNTY SHERIFF'S OFFICE USE ONLY

DATE/TIME RECEIVED BY RECORDS: _____ BY: _____

ID CHECK – TYPE/NO: _____ BY: _____

LOCAL: _____ NCIC: _____ BY: _____

FINDINGS/COMMENTS: _____

DEPUTY ASSIGNED: _____

SHERIFF APPROVAL: _____