



LINCOLN COUNTY SHERIFF'S OFFICE

Adult Observer Ride-Along Form



Observer can ride four times a year, for a maximum of four (4) hours, between the hours of 6:00 a.m. through midnight. The Lincoln County Sheriff's Office reserves the right to deny this opportunity to any individual. Any untruthful information provided is grounds for automatic denial. During the ride-along, everything you see & hear must be kept completely confidential. You may not discuss any names, addresses or specific incidents with anyone other than the deputies with whom you are assigned to ride with.

Full legal name:	Date of birth:
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Full address:

Home phone:	Cell phone:
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Work phone:	Drivers license number:
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Employer:	Occupation:
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Have you ever been arrested? Yes No	If yes, explain when and what for :
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List all felony & Misdemeanor convictions:

Emergency contact name:	Relationship:
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Home phone:	Cell phone:
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Availability
(Applicants are encouraged to specify more than one day/time frame.)

Days you are available:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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Hours available:	8 a.m. - 12 p.m.	12 p.m. - 4 p.m.	4 p.m. - 8 p.m.	8 p.m. - 12 a.m.
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Waiver of Liability- Observers in Lincoln County Sheriff's Office Vehicles

For and in consideration of the undersigned being given the opportunity of observing police operations of the Lincoln County Sheriff's Office (hereafter referred to as "LCSO"), by being permitted to ride in a patrol vehicle, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned (hereafter referred to as "rider"), hereby agrees as follows:

1. Rider recognizes and understands that riding along with deputies/police officers in a police vehicle is an inherently dangerous and hazardous activity, and may subject the rider to great bodily harm, including, but not limited to severe bodily injury and death.
2. Rider hereby releases, waives, holds harmless and indemnifies (in personal and professional capacities) the County of Lincoln, the Sheriff, all officials, deputies, employees, agents and volunteers from and against any and all claims for damages, suits, causes of action, and any and all other liability of whatsoever nature, including, but not limited to any such liability which may otherwise accrue in favor of rider's heirs, dependents and assigns, arising out of or in connection with riders accompanying county deputies in a police vehicle.
3. Rider hereby warrants and represents that he/she is fluent in the English language; has read and fully understands this waiver; is at least 18 years of age; and is not currently under the influence of any medication, alcohol or otherwise subject to any mental condition which may impair his/her ability to understand the nature or meaning of this waiver.
4. The provisions of this waiver shall be severable. In the event any of the terms or provisions of this waiver are deemed to be void or otherwise unenforceable for any reason, the remainder of this waiver shall remain in full force and effect.
5. I further understand that no hospitalization, health or accident insurance is provided with the resignation and waiver.

To be completed at the Sheriff's Office in the presence of the Deputy assigned to the ride-along.
IN WITNESS WHEREOF, the undersigned has affixed his/her signature at Lincoln County, Missouri this:

_____ day of _____, _____ Year. _____ Observer's Signature

Copy of D/L or photo ID attached: Yes No

Identification confirmed by assigned deputy: Yes No