

Union County Sheriff's Office

Cody Bowen – Union County Sheriff

Covenant Not to Sue, Promise to Release

The Union County Sheriff's Office is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the line operations of the Department. It is our hope that you will find this experience both informative and enjoyable.

We would like you to be fully aware of the conditions and circumstances under which this program operates:

1. You will be assigned to ride with a regular patrol deputy of this office. He/she will be assigned to their normal duties and will respond to all calls for service to which they are assigned.
2. Deputies can be and often are assigned duties, which involve danger and serious risk. The deputy with whom you are riding is no different. They will not avoid or disregard duties which involved emergencies or danger simply because you are accompanying them.
3. While every effort will be made to ensure your safety, the deputy's first responsibility will be to carry out their assigned duties.
4. The deputy you will accompany will be happy to discuss their duties and responsibilities insofar as time permits. If, however, some emergency should arise, you must **immediately and without question** comply with any orders or directions given to you by the deputy. This is for your own safety.

IN CONSIDERATION of permission which I have received to accompany one or more deputies of the Union County, Oregon Sheriff's Office, a municipal corporation, in the course of his or her duty, I, the undersigned, do by these presents release Union County, The Sheriff, it's deputies, public officials, agents, servants and employees from any and all damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am accompanying any deputy or deputies of the Union County Sheriff's Office on duty, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said County and the said persons, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Union County Sheriff's Office deputy or Sheriff.

I have read and understand the conditions of this program as stated above and 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 or more Union County Sheriff's Office Deputies or Sheriff while on duty.

This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said County, Sheriff, deputies, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Dated this _____ day of _____, 20____ Signature: _____

Print Name: _____ Address: _____

Date of Birth: _____ - _____ - _____ Telephone: _____ Occupation/School & Grade: _____

Officer Assigned: _____ Sgt. Approval: _____ Date/Time of Ride: _____

PARENTS OR GUARDIANS CONSENT

I/we, the undersigned, represent that I/we are the legally appointed or natural guardian(s) of the above person who is under the age of 18 years; that he/she has signed the within and foregoing document 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 bind myself/ourselves and independently agree to the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives and assigns.

Dated this _____ day of _____, 20____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

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Ride-Along Participant Questionnaire

The Ride-Along Program is offered to those interested citizens who desire a closer insight into the line operations of the Department. All participants are required to answer all of the following questions. Failure to complete or answer truthfully any questions will be basis for rejection.

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY/STATE/ZIP PHONE #

Date of Birth: _____ - _____ - _____ Driver's License # / State: _____ / _____

Have you ever been arrested for any crime (including traffic crimes)? yes no

Have you ever been cited for anything other than traffic violations? yes no

If the answer is yes, then answer the following questions:

What were you arrested / cited for?	Dates of arrest / citations:	Arresting Agency:
1. _____	_____	_____
2. _____	_____	_____

Dispositions of all arrests / citations:

1. _____

2. _____

Are you related to, or closely associated with any member of the Union County Sheriff's Office? yes no

If so, whom? _____

What is your interest in being a participant in the Ride-Along Program? _____

Have you participated in a Ride-Along within the past six (6) months? yes no If so, when? _____

I attest that I have answered the above questions truthfully, and to the best of my knowledge. I further agree to and acknowledge that my application information may be investigated further to determine the validity of its content.

Signature: _____ Date: _____

Approved: yes no Date: _____ By: _____