KERN COUNTY SHERIFF'S OFFICE RIDE ALONG PROGRAM REQUEST

☐ AIR SUPPORT ☐ UNIFORM PATROL	. 🗆 o	THER	
NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS (NUMBER, STREET, CITY)			Day telephone number
OCCUPATION	HEIGHT	WEIGHT	OTHER TELEPHONE NUMBER
	*	*	
REASON FOR REQUESTING A RIDE ALONG:	l		
HAVE YOU PREVIOUSLY PARTICIPATED IN A RIDE - ALONG?			DATE OF LAST RIDE - ALONG
Attach photocopy of your governmental picture identificat	ion card.		
* Required only for aircraft ride-along.	-		
AGREEME	EN I		
AGREEMENT ASSUMING RISK OF INJURY, DEATH OR DINDEMNITY AGREEMENT. <u>CAUTION:</u> PLEASE READ THIS			
I,, not being a member of tl	ne Sheriff's	Office of the	County of Kern, have made a
voluntary request to ride as a guest in an aircraft or vehicle as performance of their official duties. No member of the Sheriff's			
such ride. I freely contacted the Sheriff's Office and am under	no compu	sion from ar	ny source to ride in a Sheriff's
aircraft or vehicle. I have not received compensation nor have I public or private, to participate in the ride along program. I know			
Sheriff's Office is inherently dangerous for any number of reasons.			
are not, and that I may be subjected to the risk of death or person member or members of the Sheriff's Office during the perform			
CIVILIANS ARE PROHIBITED FROM CARRYING WEAPO			
voluntarily, with such knowledge assume the risk of death, pers			
way connected with any cause or causes including, but not lir resistance by law violators, assault, riot, breach of the peace			
electrocution, or the escape of radioactive substances while acc	ompanying	a member or	members of the Sheriff's Office
during the performance of their official duties. I furthermore am risk of ANY PERSONAL INJURY, OR DEATH, OR PROPERTY			
DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE,			
EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBE	R OF THE	KERN CO	DUNTY SHERIFF'S OFFICE
PURSUANT TO MY REQUEST.			

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH

I AGREE THAT:

- At all times I am participating as an observer of the Sheriff's Office. I shall obey the instructions of any of its members.
- The County of Kern, its officers, agents, and employees, Donny Youngblood, Sheriff of the County of Kern, his sureties, all members of the Sheriff's Office of the County of Kern, their sureties, and each of them, shall not be responsible or liable for and I hereby release each and all from any responsibility or liability for any death, damage, loss or expense, either to me or my property, incurred or occurring while riding in any aircraft or vehicle assigned to the Kern County Sheriff's Office or while accompanying any member or members of said Sheriff's Office during the performance of their official duties CAUSED IN WHOLE OR IN ANY PART OR DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE COUNTY, ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBER OF THE KERN COUNTY SHERIFF'S OFFICE AND COUNTY PERSONNEL WHO MAINTAIN COUNTY VEHICLES.
- 3. I, my heirs, executors, administrators and assigns will defend and indemnify the County of Kern, its officers, agents and employees, Donny Youngblood, Sheriff of Kern County, all members of the Kern County Sheriff's Office, their sureties and each of them, against all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind of nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any aircraft or vehicle assigned to the Kern County Sheriff's Office or while accompanying any member or members of said Sheriff's Office during the performance of their official duties.

<u>CAUTION</u> READ THIS DOCUMENT IN FULL BEFORE SIGNING

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own

free will.	
SIGNATURE	DATE SIGNED
WITNESS PARENT/ GUARDIAN SIGNATURE (IF MINOR) FOR OFFICE	DATE SIGNED
DATE RECEIVED	APPROVED BY (SHERIFF/ CHIEF DEPUTY/COMMANDER/LIEUTENANT OR ASU OIC)
DATE CONTACTED	DATE APPROVED
DATE SCHEDULED	DATE PARTICIPATED