



Office of the JACKSON COUNTY SHERIFF

Sheriff Darryl Forté

Ride-along Application and Liability Waiver Form

Name _____ D.O.B. ____/____/____ Race _____ Male ☐ Female ☐

Home Address _____ City _____ State _____ Zip code _____
_____-_____-____ (____)____-_____

Social Security # _____ Home phone # _____

E-Mail (if you wish to be contacted by E-mail) _____

Business Name _____

(____)____-_____
Business phone # _____

Emergency Notification _____

(____)____-_____
Phone # _____

Reason for Ride- along: _____

Riding time desired (Check ONE): ☐ 6a.m. – 6p.m. ☐ 6p.m. – 6a.m.
Day of week preferred _____ **or** _____.

Waiver and release of claim

As a condition precedent to being permitted to ride as a Ride-Along observer in a vehicle or vehicles operated by members of the Jackson County Sheriff's Department, I, the undersigned, waive any right of claim I may have against the Jackson County Sheriff's Department and any and all members of said Sheriff's Department and the County of Jackson County, Missouri, for the loss of life, bodily injury or property damage that I may sustain as a result of riding as such Ride-Along Observer. I further agree that this waiver of liability is binding on my legal representatives, heirs and successors, and shall have the same effect as I have agreed to herein.

X _____
Signature of Observer

Date

Sheriff's Office Use Only

☐ Computer Check

☐ No Record

☐ Record Attached

Date & Time Scheduled for Ride-Along _____

Deputy Assigned for Ride-Along _____ ☐ Approved ☐ Disapproved
Comments _____

Authorizing Signature _____ Date Approved ____/____/____