



**ADAMS COUNTY SHERIFF'S OFFICE
RIDE-ALONG REQUEST
WAIVER OF LIABILITY AGREEMENT**

***ASSUMPTION OF RISK OF INJURY FROM INCIDENTS OCCURRING WHILE
ACCOMPANYING A DEPUTY SHERIFF OR OTHER EMPLOYEE OF THE
ADAMS COUNTY SHERIFF'S OFFICE IN THE PERFORMANCE OF THEIR
WORK ACTIVITIES AND WAIVER OF ALL CLAIMS AGAINST THE COUNTY
OF ADAMS***

I am requesting to accompany or "ride-along" with An Adams County Deputy Sheriff assigned to patrol duties, or otherwise accompany other sworn deputies or civilian employees of the Adams County Sheriff's Office in the performance of their work activities during the following date(s) and time(s):

I realize that this work can and oftentimes does include risks of injury to persons and property. I further realize that Deputy Sheriffs can and may become involved in high speed vehicle chases, shooting incidents, other violent situations, and a variety of other situations that are dangerous to persons or property. I acknowledge that by accompanying a Deputy Sheriff on duty, or other civilian employees of the Adams County Sheriff's Office in the performance of their work activities, that my life, property, or safety may be subject to danger or otherwise compromised.

I am voluntarily requesting to accompany an Adams County Deputy Sheriff assigned to regular duties or other civilian employees of the Adams County Sheriff's Office in the performance of their work activities. I freely **ASSUME THE RISK OF ALL DANGEROUS CONDITIONS** associated with being transported in vehicles owned and operated by the Adams County Sheriff's Office and/or any other situation or condition that may be present during the time I am accompanying a sworn deputy or civilian employee of the Adams County Sheriff's Office.

I realize that were I or my property injured, damaged, or otherwise compromised, I might have a legal claim against the Adams County Sheriff's Office, its employees, or the County of Adams based on the negligent or intentional acts or omissions of the Adams County Deputy Sheriffs or other employees or agents of the County of Adams and I do **HEREBY WAIVE ALL CLAIMS FOR DAMAGE OR LOSS TO MY PERSON OR PROPERTY** which may be caused by any act or omission by the Adams County Sheriff's Office, its officers, agents, employees, or the County of Adams. .

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AND DO AGREE TO SAME.

Dated this _____ day of _____, 20_____

SIGNATURE _____ (PRINT YOUR NAME)

Note: I am the parent or legal guardian of _____ who is less than eighteen (18) years-of-age, and do acknowledge that I have read the information above and execute this writing on their behalf.

See Reverse Side.....

