

LARIMER COUNTY SHERIFF'S OFFICE

Request for Ride-along Observation / Waiver of Liability

(Must be approved at least 72 Hours prior to ride)

By completing and submitting this form I am requesting to ride-along with a deputy of the Larimer County Sheriff's Office in a patrol vehicle while that deputy performs the scheduled duties of a peace officer.

(PLEASE PRINT ALL INFORMATION)

Full Name (Last, First, Middle)				City/State/Zip		Area Code + Phone	
Date of Birth	Age	Social Security Number	Sex	Height	Weight	Hair	Eyes
Home Street Address				City/State/Zip		Area Code + Phone	
Email Address			Employer Name	Occupation			
Employer Street Address				City/State/Zip		Area Code + Phone	
Reason for wanting to ride along							

Waiver of Liability

I, the above named, for myself, my heirs, executors, administrators, agents, and assigns, do hereby waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature what-so-ever against the Board of County Commissions of the County of Larimer, State of Colorado, the Larimer County Sheriff's Office, or any agent or employee of the County of Larimer; or the Larimer County Sheriff's Office, acting under the color of official authority arising from any occurrence while I am riding in a deputy's vehicle of the County of Larimer, or while I am observing the deputy sheriff's actions under the color of his/her authority coincident with riding in a deputy's vehicle. I am aware that I have voluntarily sought permission to ride in a deputy's vehicle and, during the time I am riding in such a vehicle and observing the deputy sheriff, the vehicle and the deputy will be engaged in law enforcement activities, some of which will be dangerous and expose me to risk or harm.

I hereby declare that I have read, understood, and voluntarily accept the terms and risks stated in the foregoing paragraph. In witness whereof, I set my hand this _____ day of _____, 20 _____.

Signature _____

Witness Name (Last, First, Middle) (Please Print)			Signature		
Home Street Address			City/State/Zip		Area Code + Phone

DO NOT WRITE BELOW THIS LINE

Person Accepting Request		Employee #	Date	Person Processing Request		Employee #	Date
Background Checks <input type="checkbox"/> - NCIC/CCIC <input type="checkbox"/> - Local		Remarks					
<input type="checkbox"/> - You are hereby granted permission to ride in a deputy sheriffs vehicle of the County of Larimer at such time and in such districts as may be approved by me or my designated representative. You must abide by LCSO Policy #750.02 This authorization is effective for _____ ride(s), from _____ to _____						<input type="checkbox"/> - You are not granted permission to ride-along for the following reasons.	
Remarks							
Division Administrator				Date			