



Charleston County Sheriff's Office

3691 Leeds Avenue
North Charleston, SC 29405
Telephone: (843) 202-1700



RIDE-ALONG WAIVER

In consideration of being permitted to ride in a motor vehicle of the Charleston County Sheriff's Office, I hereby release and agree to hold harmless the County of Charleston, the Charleston County Sheriff's Office, and their employees, deputies, and agents from any and all liability for any damage, injury, illness or disease I may receive or contract while accompanying a Charleston County Sheriff's deputy, from any cause whatsoever.

This release of liability and agreement given by me to the Charleston County Sheriff's Office, its employees, deputies, and agents shall apply to any rights of action that might accrue to myself, my heirs and my personal representative. Further, I agree to assume all risk riding in a Charleston County Sheriff's Office vehicle and in accompanying its deputies and am fully aware personal danger may be involved. Furthermore, I know and understand that I face possible exposure to certain diseases, including, but not limited to, Hepatitis B Virus, Human Immunodeficiency Virus (HIV), and Tuberculosis. My signature below indicates that I have read the above, understand its contents and agree to its terms and conditions:

Ride-Along Participant

Date

The undersigned, being the parent and/or guardian of the above minor child, hereby consents to the application by said child, agrees that the information contained therein is accurate, and understands the terms and conditions set forth, by reason of which, the permission for his/her child to ride in a Charleston County Sheriff's Office vehicle.

Parent or Guardian of Minor Child

Date

Pursuant to policy and guidelines governing the Sheriff's Office Ride-Along program, you are requested to fill in the information below in order that your request may be processed further. You will be advised if your request meets our requirements for participation in the Ride-Along program. You will be given a reporting date, time and location for participation.

Full Name: _____ Other Names Used: _____

Home Address: _____

Home Phone: _____ Work/Emergency Phone: _____

Date of Birth: _____ Social Security # _____

Place of Employment: _____ Reason for request to ride: _____

Approved by Patrol Captain or designee: _____ Date: _____