BERKELEY COUNTY SHERIFF'S OFFICE

RIDE-A-LONG WAIVER FORM

Participant Name: _____ Start Date: _____ End Date: _____

Address: _____ Phone: _____

Male☐ Female☐ DOB: _____ DL/ID #_____ SSAN# _____

Name of Parent / Guardian: _____

Address: _____ Phone: _____

Name / Rank of Agency Referral / Sponsor: _____

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DISCLAIMER

WHEREAS, The of Berkeley County Sheriff's Office is providing the opportunity for Berkeley County citizens to accompany agency personnel during their official duties, the undersigned hereby requests permission and authority to accompany and ride with the agency personnel in their Berkeley County Government vehicles.

In making this application for permission to ride in Berkeley County Government County vehicles, the undersigned specifically recognizes that there may be inherent danger in the operation of such vehicles in the performance of law enforcement duties and hereby assumes the risk of such danger.

In making this application for permission to ride in Berkeley County Government County vehicles, the undersigned agrees to submit to a criminal records background check. This waiver is valid for 14 days of the issue start date.

In consideration for such permission being granted, the undersigned hereby releases Berkeley County and the Berkeley County Sheriff's Office from any and all claims for personal injury or property damage, which may arise from or through the operation or use of Berkeley County Government vehicles.

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 Berkeley County Government vehicles is to be granted. _____

Parent or Guardian of Minor Child

(If under the age of 17)

Waiver Approved: ☐Yes ☐No

Patrol Captain Signature: _____