

**Prowers County Sheriff's Office
Ride Along Program
Application & Waiver/Hold Harmless**

Please Print:

Name _____ Sex _____
(Last, First Middle)

Phone _____ Date of Birth _____ Age _____

Social Security Number _____

Address _____
(Street, City, State, Zip)

Height _____ Weight _____ Hair _____ Eyes _____

Ride-A-Long _____
(Date & time ride is requested)

*******APPLICANT MUST PRESENT A VALID PHOTO ID*******

Please state the reason that you wish to ride along with a Prowers County Sheriff's Deputy on the back of this form.

I verify that I have full knowledge of the risks and dangers involved in riding along with a Sheriff's Deputy. If my application to ride along with a Sheriff's Deputy is approved by the Sheriff or Undersheriff, I agree to indemnify and hold harmless the County of Prowers, the Prowers County Sheriff's Office, their insurers, and their employees from all injuries, claims and liabilities suffered by me or arising out of my participation in the ride along program.

Date _____ Signature _____

If the above person is under the age of eighteen years, then the parent or guardian has my permission to ride along with the Prowers County Sheriff's Office. I verify that I have full knowledge of the risks and dangers involved in riding along with a police officer and I agree to indemnify and hold harmless the County of Prowers, the Prowers County Sheriff's Office, their insurers and their employees from all injuries, claims and liabilities which he/she may sustain during the time of his/her participation in the ride along program.

Date _____ Signature _____

SHERIFF'S OFFICE USE ONLY

Records checked: _____	by: _____
Deputy assigned: _____	Approved by: _____
Total ride time: _____	