



Christian County Sheriff's Office, Ozark, MO

Please read the statements below carefully. Your signature indicates that you fully understand and agree to the provisions of each statement. You will need to provide at least three working days notice before being allowed to ride.

The Undersigned applicant has requested the Sheriff's Office to allow him/her to ride in a Sheriff's vehicle at a specified time with a Deputy Sheriff for the purpose of observing the Deputy's activities.

The undersigned applicant (and parents/legal guardian if under 18) understands that riding in a Sheriff's vehicle is an inherently dangerous activity likely to suddenly place the rider in circumstances beyond the control of the Sheriff's department or to the Deputy.

In addition the undersigned applicant understands that by signing this form they are authorizing the Christian County Sheriff's Office to conduct a background check on them to ascertain whether there are any wants/warrants on the individual and to determine if the applicant has a criminal history that would preclude them from being allowed to ride along and observe activities.

Accordingly, the applicant (and parents/legal guardian), on behalf of himself/herself and his/her heirs, assigns or personal representatives, hereby agree to waive and release all claims he/she may have for any physical or psychological injuries, including death, sustained while participating as an observer riding along in a Sheriff's vehicle. This waiver shall be for the benefit of the Deputy operating the vehicle, the Christian County Missouri Sheriff's Office, the County of Christian, Ozark, Missouri and any of its other employees or agents.

I certify that I have carefully read and do understand all parts of this application. In witness thereof, the undersigned hereunto sets his/her hand and seal.

Signature

Printed Full Name

Signature: Parent/ Legal Guardian

Printed: Parent/Legal Guardian

DOB: Phone:

Address:

Email Address:

Date: Driver License #:

Purpose of ride:

_____/_____/_____
Background Check Date:

S/ M/ T/ W/ TH/ F/ S Day Shift / Night Shift
Requested day and shift of ride along: Circle One

EMERGENCY NOTIFICATION:

Name: _____

Address: _____

Telephone: _____

Approved By: _____ DATE: _____