

WAIVER, RELEASE, AND INDEMNIFICATION
ANY PERSON 16 YEARS OF AGE OR OLDER MAY REQUEST TO PARTICIPATE

I request the privilege of riding along with and accompanying a deputy sheriff of the Jefferson County Sheriff's Office on daily duties. In consideration of being allowed to participate in the Ride-Along Program, I state and agree to the following:

I, for myself, my heirs, and assigns, waive, release, and discharge any and all liabilities, causes of action, claims, and demands for all injuries, damages, or losses of any nature whatsoever which may result from or relate to my participation in the Ride-Along Program, against the County of Jefferson, State of Colorado, its elected or appointed officials, officers, agents, and employees, whether caused by their negligence or otherwise by their acts or the care, maintenance, or use of any facility, vehicle, or other equipment used in the performance of the deputy sheriff's duties. I agree to indemnify the above listed parties from any loss, liability, damage, or cost they might incur from my participation in the ride-along.

I understand that I will be assigned to ride with a deputy sheriff who will attend to normal duties and will respond to all calls for service; that a deputy sheriff can be and often is assigned duties which involve physical danger and serious risks of harm; that by accompanying the deputy sheriff, I may be in an emergency situation where I may be at risk for serious or even fatal injury; and that the deputy sheriff will not avoid or disregard duties which involve emergencies or danger simply because I am accompanying the deputy sheriff. I agree that in an emergency situation, I will immediately comply with all orders or directions of the deputy sheriff. I understand the risks, conditions, and hazards which are necessarily a part of the Ride-Along Program and understand that I am responsible for my own safety.

I understand this Waiver, Release, and Indemnification is intended to be as broad as permitted by law and agree that if any portion is held invalid, that the remaining portions shall remain in full force and effect.

I understand that a clearance and background check will be completed.

I have carefully read the guidelines and this Waiver, Release, and Indemnification, know and understand its contents, and sign it voluntarily.

Applicant's signature

I am the parent or legal guardian of the minor participant and request that my child be allowed to participate in the Ride-Along Program. I have carefully read the guidelines and this Waiver, Release, and Indemnification, know and understand its contents, and sign it voluntarily intending that it be binding upon the minor participant, myself, and our heirs and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

Parent or legal guardian of applicant under the age of 18