

DISCLAIMER OF LIABILITY

I, the undersigned, am applying for permission to ride as an observer in a Weber County Sheriff's Office vehicle. I do for myself, my heir's executors, administrators and assigns waive, remise and forever discharge and release the Weber County Sheriff's Office, all of their officers, agents and employees, from any and all claims of any kind, nature or character whatsoever, by reason of any acts or acts of commission of omission by the Weber County Sheriff's Office, its officers, agents and employees while I am an observer/passenger with a deputy.

This release is expressly intended to cover and include all claims, several or otherwise, present or future, which can or may ever be asserted as a result of injuries or damages sustained by me while being an observer/passenger in a Weber County Sheriff's Office vehicle or in the company of an employee on calls he/she is assigned too.

Purpose of Ride Along _____

Dated this ____ of _____, 20____ Phone # _____

Applicant _____
(Please Print)

Applicant Signature _____

Complete Address _____

Social Security # _____ DOB _____

Emergency Contact (Name) _____

Emergency Contact (Phone) _____

Parent Signature (for under age 18 applicant) _____

Cleared record check by: _____ date: _____

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Commander Authorization: _____

Date Authorized to Ride _____