

**Franklin County Sheriff's Office**  
**Ride-Along Program**

**Release & Waiver of Claims**

This release is made by \_\_\_\_\_, DOB: \_\_\_/\_\_\_/\_\_\_, of \_\_\_\_\_ in the Town/City of \_\_\_\_\_, Franklin County, State of Vermont.

In consideration of the permission granted by the Franklin County Sheriff's Office to participate in a "Ride-Along" Program which entitles me to be present in police vehicles of the Sheriff's Office during actual working hours of Deputy Sheriffs, and to be present in the offices of the Franklin County Sheriff's Office, and to be permitted to observe the activities of the Franklin County Sheriff's Office, I hereby agree as follows:

1. I understand that in participating in this program, I am exposing myself to many risks associated with policing activities. I understand that by way of example, but not intended as an exhaustive list, the activities will consist of travel in police vehicles that may travel at high speeds, and that I may be exposed to violent and unruly behavior from individuals. I hereby expressly assume these and all other risks associated with policing activities.
2. I further understand that while participating in this program, I will be assigned to one or more Deputy Sheriffs, and agree at all times, to abide by all orders of these Deputies that I will refrain from interfering with the Deputies while in the pursuit of their duties, and that I will refrain from placing myself in any position which might endanger the lives and safety of myself, the Deputies, or other persons.
3. I hereby release and forever discharge, the Franklin County Sheriff's Office and its agents, employees, and Deputies, from all actions, causes of action, damage claims, demands or judgements, which I, my heirs, executors, administrators or assigns may have against the above for all injuries, of whatever nature, and injuries to property, caused by, or arising out of the above described program.

I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have been provided a copy of the Franklin County Sheriff's Office's "Ride-Along" policy. I have read, understand and agree to abide by the policy. In witness whereof I have executed this release at (town) \_\_\_\_\_, Franklin County, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness Signature

If participant is under (18) years of age, parent or guardian must also sign. I/We the parent/guardian of the participant have read this release and understand all of its terms. I/We execute it voluntarily and with full knowledge of its significance. I/We have been provided a copy of the Franklin County Sheriff's Office "Ride-Along" policy. I/We have read and understand the policy. In witness whereof I/We have executed this release at (town) \_\_\_\_\_, Franklin County, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

***Franklin County Sheriff's Office  
Ride-Along Program***

***APPLICATION***

**Participant:**

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

***If under the age of 18, the following must be completed by parent/guardian:***

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Reason for Ride-Along:**

General Awareness/Orientation to Policing (Maximum: 8 hours/year)

Career Orientation (High School Programs)  
Program/School: \_\_\_\_\_  
Approval: \_\_\_\_\_

Requirement of Educational Program (Field Study/Internship)  
Program/School: \_\_\_\_\_  
Approval: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved      By: \_\_\_\_\_

Dear Observer,

This office hopes your Ride-Along has been informative, enlightening and has given you an insight into the problems facing law enforcement, your deputy sheriffs, and your community. I welcome all comments, positive or negative, that you care to make.

Sincerely,

Robert W. Norris  
Franklin County Sheriff

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**Observer's Ride-Along Comments:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What impressed you the most?
  
  
  
  
  
  
  
  
  
  
2. In what way did this experience affect your attitudes?
  
  
  
  
  
  
  
  
  
  
3. Relate any suggestions for, or criticisms of, the program.

Signed: \_\_\_\_\_

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**Deputy's Ride-Along Report**

1. If this person again requests ride-along permission, should it be granted?

\_\_\_\_\_ Yes      \_\_\_\_\_ No (If no, explain)

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Signed: \_\_\_\_\_