

WALTON COUNTY SHERIFF'S OFFICE



REQUEST FOR PERMISSION TO RIDE AS AN OBSERVER & WAIVER OF LIABILITY AGREEMENT

The undersigned, being over the age of eighteen, does hereby request the Walton County Sheriff's Office (WCSO) for permission to ride as an observer in an authorized WCSO motor vehicle, vessel, or aircraft. This observation is for the purpose of educational benefit. If permission is granted I hereby agree to obey at all times, instructions, orders, and commands given me by the officer in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise which might result in my being exposed to the danger of physical harm or injury, including, but not limited to, motor vehicle accidents or any unforeseen acts or omissions of any employees of the WCSO or the general public.

Wherefore, in consideration of the education benefit to be received and the granting of the above request, I hereby agree to hold the State of Florida, the WCSO, Walton County, its officers, and employees HARMLESS for all liability to me for personal injury, death, or property damage sustained during the period of time I may be in the capacity of observer, including damages or injuries resulting from any negligent acts or omissions of any officer or employee of the WCSO, or any other public safety agency.

I also understand, and consent to as part of this request that members of the WCSO will perform a criminal history check on me prior to allowing the approval of the ride.

Print Observer's Name _____ Observer's Signature _____ Date _____

Full Address _____ Telephone _____

Date of Birth _____ Driver's License Number _____ Field Office _____

Emergency Contact Name _____ Emergency Contact Number(s) _____

Why do you want to ride with a Deputy? _____

Printed Name of Witness to Observer's Signature _____

Signature of Witness to Observer's Signature _____ Date _____

Criminal History Check Performed

- Yes If yes, list result(s) _____
- No If no, explain reason(s) _____

AUTHORIZATION SECTION

Approved Disapproved Other Printed Name of Supervisor/Commander _____

Signature of approving Supervisor/Commander _____ Date _____

Additional Comment(s) _____