



J. PAUL PARKER  
Sheriff/Coroner  
Public Administrator  
JEFF PIERCE  
Undersheriff

## RELEASE AND WAIVER COMMUNITY SERVICE RIDE-A-LONG

I agree to hold the County of Sutter and the Sutter County Sheriff's Department free and harmless of any and all liabilities arising out of my participation in said program, indemnifying and saving harmless the county and/or the Sheriff's Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings as a result of my participation in the Sutter County Sheriff's Department's Ride-A-Long Program.

In witness whereof, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

Phone: \_\_\_\_\_

Date requested to ride: \_\_\_\_\_

Witnessed by,

\_\_\_\_\_, # \_\_\_\_\_ (Deputy)

\_\_\_\_\_, # \_\_\_\_\_ (Sergeant)

Date/Time of Ride: \_\_\_\_\_

**EMERGENCY INFORMATION PERTAINING TO RIDER**

Rider's Name \_\_\_\_\_  
(please print your FULL given name)

Rider's Date of Birth \_\_\_\_\_

Rider's Driver's License \_\_\_\_\_ State \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to Rider \_\_\_\_\_

Rider's Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Blood Type, if known \_\_\_\_\_

**RECORDS CHECK**  
(Indicate any Felony Arrests)

SCSO \_\_\_\_\_

YCPD \_\_\_\_\_

YCSO \_\_\_\_\_

MPD \_\_\_\_\_