



SUTTER COUNTY SHERIFF'S OFFICE  
J. PAUL PARKER  
SHERIFF - CORONER

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RELEASE AND WAIVER  
COMMUNITY SERVICE RIDE-A-LONG BY A MINOR

I, \_\_\_\_\_, parent and/or legal guardian of, \_\_\_\_\_, a minor, hereby agree to hold the County of Sutter and the Sutter County Sheriff's Office 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 Office, its officers and employees from and against any and all claims, demands, actions, suits and proceedings as a result of said minor's participation in the Sutter County Sheriff's Office Ride-A-Long Program.

I hereby consent to let \_\_\_\_\_ participate in the Sutter County Sheriff's Office Ride-A-Long Program.

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

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

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

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

Date and time requesting to ride: \_\_\_\_\_

Witnessed by,

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

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

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

**EMERGENCY INFORMATION PERTAINING TO RIDER**

Rider's name: \_\_\_\_\_

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

Rider's Driver's License: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

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

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

Telephone Number: \_\_\_\_\_

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

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

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

Blood Type (If known): \_\_\_\_\_

**RECORDS CHECK**

SCSO \_\_\_\_\_ YCPD \_\_\_\_\_

YCSO \_\_\_\_\_ MPD \_\_\_\_\_

Criminal History Report Convictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer Safety Arrests from RAP: (69 PC, 148 PC, 2800 VC, 245 PC, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_