

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

RELEASE OF CLAIMS

WHEREAS, the undersigned has requested of the Richland County Sheriff's Department permission to ride in a Richland County Sheriff's Department Vehicle.

WHEREAS, the Richland County Sheriff's Department does not object to this accommodation on its part, providing the undersigned assumes the risk involved in this endeavor.

NOW, for and in consideration of allowing the undersigned to ride as a passenger in a Richland County Sheriff's Department vehicle, I hereby release the Richland County Sheriff's Department and the County of Richland, from all claims, demands and causes of action, that the **Releaser** may now have or that might subsequently accrue to **Releaser**, arising out of or connected with, directly or indirectly, the accommodation afforded to the **Releaser** on the part of the Richland County Sheriff's Department and the County of Richland in allowing the **Releaser** to ride as a passenger in a Richland County Sheriff's Department vehicle.

The **Releaser** further agrees that he/she is cognizant that he/she may receive injuries, damages, or other sickness as a result of riding in said Sheriff's car but, further, hereby releases the above mentioned governmental agencies from all liability, claims, demands, costs, charges and expenses from any future personal injuries, damages and/or sickness that might be sustained by the **Releaser**, further shown as the undersigned.

The **Releaser**, same being the undersigned, understands that these injuries, damages and/or sickness that are unknown to him/her at the present time further releases any unknown complications which may arise in the future from the injuries, damages and/or sickness of which he/she is presently unaware and are all covered by this **Release**; and, further, that this was brought to the **Releaser's** attention and discussed prior to his/her signing said **Release**.

The **Releaser**, same being the undersigned, further releases, not only of himself/herself, but for his/her heirs, legal representatives and assigns, the Richland County Sheriff's Department and the County of Richland from any and all claims and causes of action including, without limitations, claims of property damage, direct or indirect medical expenses, pain and suffering, disability, loss of income, if any, based on any injuries, damages and/or sickness that he/she may sustain as a result of riding in the Sheriff's vehicle.

As an additional consideration for allowing the **Releaser**, same being further designated as the undersigned, to ride the Sheriff's vehicle, he/she agrees to indemnify the Richland County Sheriff's Department, and the County of Richland, their legal representatives and assigns against any loss from any and all further claims, demands and actions at law or in equity that may hereafter, at any time, be made or brought by any other person, institution and/or corporation of agency of a government for damages on account of any future injuries or other damages sustained in consequence of the above describes accommodation on the part of the Richland County Sheriff's Department.

The consideration stated herein is contractual and the **Releaser** executes and delivers this **Release** after being fully informed of its terms, contents and effects.

Ride Along Request and authorization for Richland County Explorers Post

601 Parents of Explorers younger than 18 years of age must sign this release. Explorers 18 years or older may sign their own release.

IN WITNESS WHEREOF, the Releaser has executed this release on the ____ day of _____ in the year 20__.

Print name of Explorer

Date of birth of Explorer

Driver's license #

Address

Social Security #

City, State, Zip

Home Phone

Print Parent or Guardian Name

Signature of RELEASER (Parent or Guardian)

Emergency contact Name and Phone Number

Approved for multiple Ride Alongs while a member of the Richland County Sheriffs Department Explorers program for the period beginning _____ to _____

The Explorer must maintain a copy of this approved form in his/her possession at all times when participating in a Ride Along. All ride alongs for Explorers will be coordinated and arranged by the Explorers supervisory staff.

SWORN before me this, the ____ day of _____, 20__.

Notary public for South Carolina My commission Expires

***** ADMINISTRATIVE USE ONLY*****

APPROVED: _____ DATE _____
LEON LOTT, SHERIFF of RICHLAND COUNTY

- 1. Background Check Completed
2. Review / Approval by Sheriff
3. Coordinate with explorer, issue copy of approved form
4. Ride Along Scheduled for (date) _____ at (time) _____
5. Region person notified _____ (date and time) _____

6. Note to Deputy participating in ride-along: review the above information and verify the identity of the rider. Obtain their copy of the release, make a copy and file with your region upon completion of the ride.