



Richland County Sheriff's Department **Ride-Along Program**

The Richland County Sheriff's Department offers a Ride-Along program to citizens which allows them to ride with a patrol deputy during their shift.

The Ride-Along application can be downloaded below and is also available at the reception desk of Richland County Sheriff's Department Headquarters, located at 5623 Two Notch Rd Columbia, SC 29223.

The application must be completed and returned in the following ways:

- Emailed to Ridealong@rcsd.net
- Returned to the reception desk at Richland County Sheriff's Department Headquarters

Applicants must pass a background check in order to be eligible to participate.

If you have any questions or need information regarding the Ride-Along Program, please contact the Paula Rosenberger at (803) 576-3163.

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.

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

Print Name of RELEASER

Date of Birth of **RELEASER**

Driver's License #

Address

Social Security #

City, State, Zip

Home Phone: _____

Signature of RELEASER

Work Phone: _____

Email: _____

Region /division you wish to ride: _____

NOTE: if you are requesting approval for multiple ride-a-longs, please complete the following:

I am requesting approval for multiple ride-a-longs for the period beginning _____ to _____ (Requests may not exceed (3) month time span).

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

Notary Public for South Carolina

My Commission Expires

Instructions to the Releaser: Please complete this form and return it to the Desk Sergeant or approved representative at the Richland County Sheriff's Department. Upon the Sheriff's review/approval, you will be notified by a representative of the Richland County Sheriff's Department and arrangements will be made to coordinate your ride with a Deputy. You will need to pick up a copy of your approved release form from a representative of the Richland County Sheriff's Department prior to your scheduled ride-a-long. This form must be given to the Deputy you ride with prior to entering a Sheriff's Department vehicle. Your identity will be verified by the Deputy you are scheduled to ride with.

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

APPROVED: _____
LEON LOTT, SHERIFF of RICHLAND COUNTY

DATE: _____

1. Background Check completed _____
2. Review/Approval by Sheriff _____
3. Coordinate with Releaser issued a copy of approved form _____
4. Ride-a-long scheduled for (date) _____ at (time) _____
5. Region/Person notified _____ (Date/time) _____
6. Copy of Release left at _____ (Date/Time) _____
7. **Note to Deputy participating in ride-a-long:** review the above information and verify the identity of the releaser. Obtain their copy of the release and file with your region upon completion of ride.

RICHLAND COUNTY SHERIFF'S DEPARTMENT

RIDE-ALONG PROGRAM ACKNOWLEDGEMENT AND AGREEMENT

Participant Name: _____ **Date:** _____

Gender: Male Female

Phone: _____

Policy and Rules of Conduct By signing this form, I acknowledge that I have read, understand, and agree to adhere to the following rules and regulations as set forth by the Richland County Sheriff's Department:

1. **Same-Gender Requirement:** I understand that I will ride with a deputy of my same gender. I must obtain written approval from the Sheriff's designee or the Regional Commander, for any exception.
2. **Safety and Location:** I agree to remain inside the patrol vehicle during all traffic stops and while the deputy is responding to calls.
3. **Entry Restrictions:** I understand that I am strictly prohibited from entering the private residence of any victim, complainant, or suspect at any time.
4. **Prohibition of Weapons:** I will not carry a firearm or any other weapon while participating in the ride-along program. This prohibition includes individuals who possess a valid concealed weapon permit (CWP).
5. **Compliance with Instructions:** I agree to comply with any lawful and appropriate request made by the deputy with whom I am riding.
6. **No Law Enforcement Action:** I understand that I am an observer only and am not permitted to engage in any law enforcement functions.
7. **Confidentiality of Information:** I will not attempt to view the MDT (mobile data terminal) or computer screen. I also acknowledge that I may not use any criminal justice information transmitted via radio or cell phone.
8. **Dress Code:** I will dress in appropriate attire, which must include pants, a shirt, and shoes.
9. **Recording and Media:** I will not record, video, or take photographs during the ride-along without prior approval from the Sheriff or his designee. I understand that live streaming or providing a live video feed to social media is strictly prohibited.
10. **Consequences of Non-Compliance:** I understand that any failure to follow these guidelines will be reported to the on-duty Regional Commander and documented for the Sheriff.

Acknowledgement I hereby certify that I am participating in this program as an observant to promote citizen involvement and understanding of departmental operations. I agree to follow all procedures outlined above.

Participant Signature: _____ **Date:** _____

Ride-a-long Coordinator Signature: _____