



SUTTER COUNTY SHERIFF'S OFFICE  
BRANDON BARNES  
SHERIFF – CORONER

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RELEASE AND WAIVER  
PARTICIPATION IN RIDE-A-LONG PROGRAM

I, \_\_\_\_\_, 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 my participation in the Sutter County Sheriff's Office'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: \_\_\_\_\_

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

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

IN CASE OF EMERGENCY, NOTIFY:

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

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

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

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

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

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

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

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

RECORDS CHECK  
(Indicate any felony arrests)

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

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

Criminal History Report Convictions:

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

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

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