

# GRAND FORKS COUNTY SHERIFF'S OFFICE



3005 HEARTLAND DR  
GRAND FORKS, NORTH DAKOTA 58201  
SHERIFFS.OFFICE@GFCOUNTY.ORG  
PHONE: 701-780-8280 FAX: 701-780-8307



**SHERIFF ANDY SCHNEIDER**

## Citizen Ride-Along Request

Dear Sir:

I would like to ride along on \_\_\_\_\_, accompanying Deputy \_\_\_\_\_,  
(Date & Time)

for the following reason:

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I have read and signed the release form and I understand the provisions.**

\_\_\_\_\_  
Signature Date

Parent or Guardian (if rider is a Juvenile)

From: Sheriff  
To: Deputy

Subject: Authorization to Ride

Request is \_\_\_\_\_ Approved  
Request is \_\_\_\_\_ Disapproved

Observer authorized to ride \_\_\_\_\_ on \_\_\_\_\_ with \_\_\_\_\_.  
(hours) (date) (deputy)

Background Check: \_\_\_\_\_

Rider Notified: \_\_\_\_\_

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## **RELEASE AND WAIVER**

KNOW ALL MEN BY THESE PRESENT, that I, \_\_\_\_\_, my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany deputies or any deputy of the department during the course of their or his duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suites and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the County of Grand Forks, the Sheriff's Office, and each and every deputy, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activities or association with the Sheriff's Office, whether in a Sheriff's Office vehicle, in the Sheriff's Office building, or otherwise associated with the Sheriff's Office and deputies and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suit, demands damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the Sheriff's Office during:

\_\_\_\_\_  
(Date & Time of Scheduled Ride-Along)

I hereby declare that the terms of the WAIVER AND RELEASE have been read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

\_\_\_\_\_  
(Rider's Initials)

In further consideration of the previously mentioned authorization and permission granted to me to accompany a deputy or deputies of the Sheriff's Office at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Date

The Sheriff or designee must approve this waiver \_\_\_\_\_

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\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Date

\*Note to Rider – Wear comfortable clothing, weather appropriate, no open toed shoes. If any reason you need to cancel, please contact our office. If under the circumstances that we have to reschedule your ride-along; we will notify you.

**Rider's Copy**