



Pinal County Sheriff's Office

- **Consent to and assumption of risks associated with Law Enforcement work**
- **Waiver of liability for harm resulting from these risks**
- **Agreement to hold Pinal County and/or the Pinal County Sheriff's Office harmless**

Purpose: The purpose of this document is to formally surrender the legal recourse that might otherwise be available against the parties listed below, in the event the undersigned is injured while observing Pinal County Sheriff's Deputies in the course of their Law Enforcement Duties.

Risk Consented to and assumed: Law Enforcement work has unavoidable risks including life threatening risks. These risks include assaults or being involved in an automobile accident. There are also risks in relying on the judgment of Pinal County Sheriff's Deputies. The judgment may vary with the Pinal County Sheriff's Deputies and the situation. All such risks connected with a ride along program are consented to and assumed by the signing of this document, regardless of whether the risks result from negligent or reckless conduct or a product failure.

Reason for consenting to and assuming the risk: The undersigned understand and agree that the personal value resulting from the opportunity to observe a Pinal County Sheriff's Deputies in the field justifies the risks described above. The undersigned understands that the Pinal County Sheriff's Office will not allow participation as an observer by a person unwilling to accept these risks, since Pinal County does not believe the opportunity should be offered if it would increase liability on Pinal County and/or the Pinal County Sheriff's Office.

Waiver of liability: Signing this document constitutes a waiver of all liability for harm resulting from any of the type of risks described above, and associated with Law Enforcement work. This waiver includes all liability including negligence and reckless conduct, and intentional torts as well as contract and civil rights liability. This waiver is absolute with respect to the type of risks described herein. This waiver extends to, and is binding upon, all heirs, administrators and personal representatives of the undersigned.

Hold Harmless: The undersigned agree he or she will hold harmless the parties listed below in the event of injury and/or death resulting from the types of risks described herein.

Parties covered by this agreement: The consent to and assumption of risk, the waiver of all liability and the promise to hold harmless cover Pinal County, the Pinal County Sheriff's Office, Paul Babeu the Pinal County Sheriff, any individual Pinal County Sheriff's Deputies, the Pinal County Board of Supervisors, all employees, elected officials and agents of Pinal County, and applies to such persons in both their official and personal capacity.

I _____ have read this document and by signing do indicate my understanding of the risks and my acceptance of the conditions of this document.

Signed: _____ Date: _____

Valid Driver's License

Deputy/Witness: _____ Date: _____

Supervisor: _____ Date: _____



Pinal County Sheriff's Office

RIDE ALONG FORM

NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

HAVE YOU EVER BEEN CHARGED WITH DOMESTIC VIOLENCE OR A FELONY?

WHAT SHIFT WOULD YOU LIKE TO SCHEDULE THE RIDE ALONG, DAYSHIFT OR NIGHTSHIFT?

WHAT DAY OF THE WEEK WOULD YOU LIKE TO GO ON THE RIDEALONG? _____

IS THERE A PARTICULAR DEPUTY THAT YOU KNOW OR WANT TO GO ON A RIDE ALONG WITH?

WHY DO YOU WANT TO GO ON A RIDE ALONG? _____

***IN ACCORDANCE WITH ARIZON LAW, IN ALL INSTANCES WHERE A PERSON KNOWINGLY FILES A FALSE REPORT, (ARS:13-1201.01) IT IS THE POLICY OF THE PINAL COUNTY SHERIFF'S OFFICE TO PERSUE CRIMINAL PROSECUTION. IN ADDITION TO ANY CRIMINAL PENALTIES PROVIDED, THE EMPLOYEE INVOLVED MAY FILE A CIVIL LAWSUIT FOR DAMAGES ATTRIBUTED TO SUCH FALSE REPORT.