



## DeKalb County Police Department WAIVER FOR CITIZEN RIDER

**WHEREAS, I** \_\_\_\_\_, [being/not being] over the age of twenty-one and not being a member of the DeKalb County Police Department, have made a VOLUNTARY request to ride as a guest in a vehicle assigned to the DeKalb County Police Department during the performance of their official duties, and;

**WHEREAS,** the DeKalb County Police Department is willing to allow me to ride as a guest in a vehicle assigned to the department and to accompany a member or members of the Department during the performance of their duties on the following conditions.

**NOW, THEREFORE,** in consideration of the permission given to me to ride in a vehicle assigned to the DeKalb County Police Department, and to accompany a member or members of said Department during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the DeKalb County Police Department is inherently dangerous, and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the DeKalb County Police Department during the performance of their official duties and that I freely, voluntarily and with such knowledge, assume the risk of death, personal injury, property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assaults, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive or other harmful substances while accompanying a member or members of the DeKalb County Police Department during the performance of their official duties.
2. That the County of DeKalb, Chief of Police or designee, DeKalb County Police Department, his/her sureties, all members of the DeKalb County Police Department, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the DeKalb County Police Department, or while accompanying any member or members of said department during the performance of their official duties and resulting in any negligent act or omission on the part of any member of the DeKalb County Police Department.
3. For myself, my heirs, executors, administrators, and assigns, to defend and indemnify the County of DeKalb, Chief of Police or designee, DeKalb County Police Department, their sureties and each of them, against any and all, manner of actions, causes of actions, suits, debts, negligent or wrongful act or omission of mine while riding in any vehicle assigned to the DeKalb County Police Department or while accompanying any member of said DeKalb County Police Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will. I authorize DeKalb County Police Department to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Persons that are current employees of the DeKalb County Department of Public Safety, current Law Enforcement Officers or Active Duty Military **DO NOT** need to complete a background check prior to receiving approval to participate in a Ride-A-Long.

The person named here wants to participate in the DeKalb County Police Department's Ride-A-Long program:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Precinct Requested to Ride: \_\_\_\_\_

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

Phone number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

You are directed to report to Police Records located at Police Headquarters (1960 West Exchange Pl., Tucker, 30084, 2nd floor) between the hours of 9:00 AM and 3:30 PM (Monday through Friday, closed on weekends and on all holidays) to complete your background check.

**YOU MUST PRESENT THIS FORM AND GOVERNMENT APPROVED IDENTIFICATION** to complete this process. Upon completion of your background check and Command Staff approval, you will be contacted by the Precinct Staff.

I have explained the program and process. This form was completed by:

Name (Print): \_\_\_\_\_

Precinct: \_\_\_\_\_ Direct phone number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_