



# AMHERST COUNTY SHERIFF'S OFFICE

## RIDE ALONG WAIVER (MINORS)

142-03 rev. 02/09/2011

*TYPE or clearly PRINT (in black ink)*

I, the undersigned parent/guardian for \_\_\_\_\_, agree to allow my child, who is under the age of eighteen, to participate in the Amherst County Sheriff's Office ride-along program. I am fully aware of the inherent risks associated with my participation in the ride-along program, which include, but are not limited to bodily injury, physical and emotional disability, death, and personal property damage resulting from the risk of motor vehicle crashes, and accompanying sheriff's office personnel into areas where criminal activity may occur. Understanding these risks, it is still my decision to allow my child to participate in the ride-along program and in consideration of the sheriff allowing my child to participate; i assume full responsibility for such risks. I agree that neither i nor my child, our legal representatives, heirs, and assigns, will hold the sheriff's office or the county of Amherst, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that my child may sustain as a result of my participation in the ride-along program, whether caused by the negligence of the sheriff's office, the county, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the county and Sheriff/Sheriff's office, their officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the office or county, their officials, employees and agents, as a result of my child's participation in the ride-along.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in ride-along exercises is granted subject to the rules and regulations of the sheriff's office and such permission may be restricted to specific periods of time or revoked entirely by the sheriff's office in its sole discretion.

WITNESS MY SIGNATURE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
OF RIDE-ALONG PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF WITNESS  
(THIS CAN BE THE HOST DEPUTY, SHIFT SUPERVISOR OR DIVISION COMMANDER)