

TEHAMA COUNTY SHERIFF'S OFFICE
22840 ANTELOPE BOULEVARD / P.O. BOX 729, RED BLUFF, CA 96080
(530) 529-7900 ● (530) 529-7933 FAX

CITIZEN RIDER WAIVER OF LIABILITY

The citizen rider program is intended to provide the non-police officer citizen an opportunity to become acquainted with the patrol duties of the Tehama County Sheriff's Office. These patrol duties may involve contact with persons involved in suspected violations of the law, persons who may be a danger to themselves or others, and/or persons who appear to be unable to care for themselves.

These contacts may give rise to dangerous incidents and situations, which involve the officer and other persons in or near the patrol vehicle. The officer may not, in all circumstances, be able to perform his duties and at the same time protect the citizen rider from danger or injury arising from the conduct of third persons or from the conduct of the police officer in carrying out his duties.

The undersigned, after having read the above, does, by his/her signature on this document, agree to hold the County of Tehama, its elected officials, officers, and employees harmless from and to indemnify and defend them against all claims, liability, judgments, attorney's fees, costs, and expenses arising from any injury, wrongful death, or damage to property to the undersigned, his heirs and assignees, or to such person as the undersigned shall be signing on behalf of, and arising while on patrol and from the negligence, omissions, or wrongful conduct of any persons (excepting employees of the County of Tehama while on duty) during the period in which the citizen rider is considered to be on patrol, whether or not such person is actually within the patrol vehicle.

THE UNDERSIGNED, IF HE/SHE DOES NOT UNDERSTAND ANY PORTION OF THIS DOCUMENT, SHOULD NOT SIGN IT. BY SIGNING THIS DOCUMENT, THE UNDERSIGNED AGREES TO ITS TERMS WHICH TERMS MAY, IN CERTAIN EVENTS, BE DETRIMENTAL TO THE RIGHTS OF THE UNDERSIGNED.

I HAVE READ AND UNDERSTAND EACH OF THE TERMS OF THIS DOCUMENT AND AGREE TO BE BOUND BY SUCH TERMS.

Print Name: _____ Date of Birth: _____ Age: _____

Address: _____ California Drivers License: _____

City/State/Zip: _____ Telephone Number: _____

Date requesting to ride along: _____

Reason: _____

If an applicant with T.C.S.O., what position are you applying for? If currently in Law Enforcement, what agency do you work for?:

Applicant Signature: _____ Date: _____

If under the age of 18, a parental/guardian signature is required: _____

For Office Use Only:

NCIC Check: _____ RIMS Check: _____ CORI Check: _____ Reviewing Officer: _____ ID # _____

Approved: _____ Date/Time of ride along: _____ Deputy: _____ ID# _____

Denied: _____ Reason Denied: _____

Check all that apply: LEO: _____ Tehama Co. Employee/Volunteer: _____ Applicant: _____ Media: _____

Grand Jury Member: _____ Board of Supervisors Member: _____ Family Member of T.C.S.O. Employee: _____