

Pulaski County Sheriff's Office

Waiver of Liability

I, _____, Date of Birth _____, do hereby request the permission of the Pulaski County Sheriff's Office to ride- along with a patrol deputy and observe their duties and activities. In consideration for such permission, I agree to follow all instructions given by any deputy. I accept full responsibility for my own personal safety; I waive all rights or claims in the event of any accident, incident, or injury and so hereby release Sheriff Holladay, the Pulaski County Sheriff's Office, all individual members of the Pulaski County Sheriff's Office, and the Pulaski County Government from any and all liability for any injury that I might sustain while observing a deputy's activity. I understand that law enforcement can be dangerous, and I hereby assume the risks associated with the ride-along program.

Signature _____ Date _____

In the event of an emergency please contact:

Name _____

Address _____

City _____ State _____

Home phone _____ Cell phone _____

Message phone _____