



**OFFICE OF THE SHERIFF  
BUNCOMBE COUNTY, NORTH CAROLINA**

**60 Court Plaza, 4<sup>th</sup> Floor Judicial Bldg  
Asheville, N.C. 28801**

Quentin Miller, Sheriff

**RIDE ALONG APPLICATION AND LIABILITY RELEASE FORM**

Complete and sign the front and back portions of this form

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ NCDL #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

REASON FOR REQUEST? \_\_\_\_\_

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**WAIVER OF LIABILITY**

I, as a participant in the Ride Along program of the Buncombe County Sheriff's Office, for and in consideration of the opportunity to ride with and observe a law enforcement officer in the performance of his duties, agree as follows:

1. I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions, or causes of action, against the Sheriff of the County, his deputies, agents and employees and of the County itself, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while I am riding in a patrol car, observing any operation, or participating in this program in any other manner.
2. I do hereby covenant and agree that I will never instigate any suit or action against the County Sheriff, his deputies, agents, or employees for damages or loss or injury of any kind or an account of any damages, loss or injury to my person or property or both which may arise in any manner while I am riding in a patrol car, observing any operation or participating in this program.
3. This agreement holds the Sheriff, his deputies, agents, and employees harmless for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.
4. I do hereby covenant, agree, and understand that if I am authorized to participate in the Intern Program my only capacity will be that of a passenger/observer. I understand that I am not permitted to take part in any law enforcement action or assist or perform any law enforcement task or function unless specifically requested to do so by the deputy I am assigned to ride with.

I have read the foregoing waiver and covenant not to sue. I understand that it constitutes a formal legal document.

\_\_\_\_\_  
(SIGNATURE OF PARTICIPANT & PARENT OR GUARDIAN, IF APPLICABLE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)

**READ THE EXCERPT FROM THE BUNCOMBE COUNTY SHERIFF'S OFFICE POLICY BELOW AND SIGN IN THE SPACE (S) PROVIDED**

1. **Approved participants may accompany deputies ONLY as passengers/observers. Passengers will NOT participate in law enforcement actions, assist in conducting investigations or perform any other law enforcement tasks or functions unless such action is warranted by North Carolina General Statute 15A-405.**
2. **Participants may not operate patrol vehicles, handle or possess firearms or other weapons, or use equipment issued by the Sheriff's Office. Participants may use communications equipment only in the event of an extreme emergency.**
3. **All participants will wear appropriate civilian clothing while participating in the Ride-Along Program.**
4. **Participants must be at least 18 years old, with the exception of programs designed specifically for minors (e.g. Occupational Shadow Program) and may ride only between the hours of 7 am and Midnight.**
5. **Most assignments should be in uniformed patrol units.**
6. **Situations may arise that would expose the participant to undue danger, violence, or other hazardous conditions. In such cases, the deputy will exercise discretion and will have the authority to temporarily leave the participant at a suitable location while responding to the call.**
7. **The application evaluator may reject any application to participate in the Ride- Along program if that person believes that participation does not serve the best interests of the Sheriff's Office. If deputies have knowledge of facts or circumstances that lead them to believe that a participant is unsuitable for the program, they should notify a supervisor.**

**I have read the above policy and I understand that I am required to abide by its provision at all times.**

\_\_\_\_\_  
**(Signature of Participant)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Officer Participant will ride with)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Hours Participant will ride)**

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