



Sebastian Police Department

1201 Main Street
Sebastian, Florida 32958

(772) 589-5233
(Fax) (772) 589-2207

ADULT

POLICE OBSERVER PROGRAM RELEASE, WAIVER, AND AGREEMENT

I, _____ of _____
hereby request to participate in the Police Ride Along Program. I furthermore agree to the following:

1. I acknowledge and understand that in participating in this program that I am exposing myself to all those risks associated with police activity and that I expressly assume such risk.
2. I hereby authorize the Sebastian Police Department to do a criminal records check on me.
My DOB is _____ Race _____ Sex _____
3. I further understand that while participating in this program, I will be assigned to one or more police officers and I further agree that I will obey instructions and commands of all officers and their superiors at all times.
4. I further do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the City of Sebastian and its agents, officers and employees of and from all manner of action and actions, cause or causes of any actions, suits, debts, claims, damages or injuries whatsoever in law or equity which I might have against the City of Sebastian, its agents, employees and officers by reason of any cause or thing whatever associated with participation in the Police Observer Program and will indemnify and hold the city harmless for any claims of third parties arising from my participation in the same.
5. I further agree to treat all information learned during the ride along, including, but not limited to, names, addresses, phone numbers, criminal history information, driver's license information, warrant information, arrest information, etc. as CONFIDENTIAL in nature. This information will not be disclosed and I will not use any of the information for my own purpose.
6. I further agree to complete the CJIS (Criminal Justice Information Services) online test. I understand that I must pass the test in order to receive my certificate and be permitted to ride along with any Sebastian Police Officer. This certificate will be kept on file at the Sebastian Police Department.

7. I further understand that any violation of this signed waiver and agreement will give the Sebastian Police Department the right to discontinue my ride along privileges.

Observer

Date and Time of ride along

*STATE OF FLORIDA
COUNTY OF INDIAN RIVER*

Before me personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

My commission Expires _____

NOTARY PUBLIC/LEO

Record Check:

Positive Negative Date Completed: _____ Completed By: _____

CJIS certificate on file: Yes No

Verified by: _____

Expiration Date: _____

Approving Supervisor: _____