



Sebastian Police Department

1201 Main Street
Sebastian, Florida 32958

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

JUVENILE

POLICE OBSERVER PROGRAM RELEASE AND WAIVER

I, _____ of _____
hereby authorize my son/daughter _____, to
participate in the Sebastian Police Department's Ride Along Program. I understand that they will be
present and riding in police vehicles and may also be at other locations that their host officer may be
assigned to or goes in the course of his/her official duties. I further more understand and agree that
my son/daughter named above is participating in the capacity of an observer and is not to become
involved in any situation unless authorized to do so by the officer with whom they are assigned. I
hereby also agree to the following conditions.

1. I acknowledge and understand that in participating in this program that he/she will be exposing themselves to all those risks associated with police activity and that I expressly assume such risks.
2. I hereby authorize the Sebastian Police Department to do a criminal records check on my son/daughter. His/Her DOB is _____ Race _____ Sex _____
3. I further understand for myself, my son/daughter, 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 actions, suits, debts, claims, damages or injuries whatsoever in law or equity which I or them may 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 participation in the same.
4. I further agree and understand that my son/daughter is 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 will not be used for my own purpose.
5. I further agree and understand that my son/daughter will need to complete the CJIS (Criminal Justice Information Services) online test. I understand that he/she must pass the test in order to receive a certificate and be permitted to ride along with any Sebastian Police Officer. This certificate will be kept on file at the Sebastian Police Department.

6. I further agree and understand that any violation of this signed waiver and agreement will give the Sebastian Police Department the right to discontinue my son/daughter's ride along privileges.

Parent of Guardian Signature

Minor's Signature

Date and Time of ride a long

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: _____