



SANTA ROSA COUNTY SHERIFF'S OFFICE

Sheriff Wendell Hall

RIDER PROGRAM APPLICATION

Name: _____ Race: _____ Sex: _____
Last First Middle

Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street City State Zip

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Social Security #: _____

Date and time of requested ride: _____

Reason for wanting to ride: _____

Approved/Denied by: _____ Date: _____

CRIMINAL RECORD CHECK

NCIC/FCIC: Criminal History Yes _____ No _____

Local Check: Criminal History Yes _____ No _____

Warrant Check: Warrants Yes _____ No _____

Deputy/Member conducting check: _____ Date: _____
Signature

Remarks by Deputy conducting check: _____



SANTA ROSA COUNTY SHERIFF'S OFFICE

Sheriff Wendell Hall

RIDER APPLICATION Waiver of Liability

In consideration of the privilege being granted me by the Sheriff of Santa Rosa County, Florida to be a passenger in a Sheriff's vehicle. I hereby assume all risk of personal injury or death and property damage for loss from whatever causes arising while I am approaching, entering, boarding, riding, or being on, property of said Sheriff, while I am using, intending to use, or have used this privilege, and release said Sheriff, his deputies, members, agents and servants from any liability therefore, or for contribution as a joint tort-feasor therefore, and will indemnify and save harmless said Sheriff, his deputies, members, agents and servants from any such liability or contribution to such liability, while using this privilege.

It is understood and agreed by me that the privilege granted me to ride in a Sheriff's motor vehicle shall be exercised by me after I make specific arrangements with the Sheriff of Santa Rosa County, Florida, or his authorized representative on the day I plan to ride as an observer.

It is further understood and agreed by me that this privilege may be revoked at any time the Sheriff of Santa Rosa County, Florida or his authorized representative.

By signing this agreement, I agree to appear in court and/or any requisite court proceedings and testify as to anything I observe while riding with the Santa Rosa County Sheriff's deputy personnel.

Date _____ Signature _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and did/did not take an oath.

Notary Public's Signature

Notary Public's Name Typed or Printed

My Commission expires _____

(Place Seal Here)