



CHARLES COUNTY SHERIFF'S OFFICE



An Internationally Accredited Agency

RIDE-ALONG PROGRAM
Minor Participant Release

Form with fields for Name of Child, Child Date of Birth, Name of Father/Mother/Legal Guardian, Address, and Telephone Number.

In consideration of the privilege of accompanying and observing a sworn Charles County Sheriff's Officer in the performance of his / her duties, I, _____, (Parent/Guardian) of _____(Child) do hereby release and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgements of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (included but not limited to any reasonable attorney's fees) suffered or incurred by my child as a result of my child's participation in the Charles County Sheriff's Ride-Along Program. I understand and agree that, during my child's participation in this program, my child will not hinder, attempt to hinder, assist, or attempt to assist any Law Enforcement Officer in the performance of his / her duties. I further understand that my child's participation in this program is voluntary, that my child is not an employee or agent of the Office of the Sheriff, that my child shall not act as a Law Enforcement Officer, that my child's participation does not entitle my child to exercise any of the power or authority granted to Law Enforcement Officers, that my child is not to identify himself, or herself, as a Law Enforcement Officer and that my child will not be allowed to carry a firearm or weapon of any type while participating in this program. I further agree to indemnify and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, and its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgements of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (included but not limited to any reasonable attorney's fees) suffered or incurred by the Office of the Sheriff, its officers, agents, affiliates, employees, associated agencies and third parties which arise as a result of any action taken by my child, authorized or unauthorized, during my participation in this program. In the event that my child and/or my property is injured, damaged or destroyed, I understand that neither I nor my child are entitled to any benefits, nor are I or my child covered under any insurance policy, workers compensation policy or any other benefit plan that the Office of the Sheriff, State of Maryland, or Charles County, may be entitled. I fully understand that accompanying a law enforcement officer on duty is a highly dangerous activity which could pose the risk of serious bodily injury or death. Understanding this danger, I acknowledge and assume the inherent risks, foreseen and unforeseen, associated with my child's participation in this program. This agreement is made in consideration for the privilege of accompanying and observing a Charles County Sheriff's Officer in the performance of his duties.

Date

Parent/Guardian

Date

Witness