



CHARLES COUNTY SHERIFF'S OFFICE

RIDE-ALONG PROGRAM



An Internationally Accredited Agency

General Release

I, \_\_\_\_\_, in consideration of the privilege of accompanying and observing a sworn Charles County Sheriff's Officer in the performance of his / her duties, 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 attorneys fees) suffered or incurred by me as a result of my participation in the Charles County Sheriff's Ride-Along Program. I understand and agree that, during my participation in this program, I 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 participation in this program is voluntary, that I am not an employee or agent of the Office of the Sheriff, that I am not a Law Enforcement Officer, that my participation does not entitle me to exercise any of the power or authority granted to Law Enforcement Officers, that I am not to identify myself as a Law Enforcement Officer and that I 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 me, authorized or unauthorized, during my participation in this program. In the event that I and or my property is injured, damaged or destroyed, I understand that I am not entitled to any benefits, nor am I 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 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

\_\_\_\_\_
Applicant

\_\_\_\_\_
Date

\_\_\_\_\_
Witness