

**LAUDERDALE COUNTY SHERIFF'S DEPARTMENT  
RIDE-ALONG PROGRAM**

**Instructions to Applicant**

Approved applicants shall meet the following requirements and responsibilities:

1. Be eighteen (18) years of age or older.
2. Must complete an information sheet and sign a hold harmless agreement.
3. If under eighteen, the participant's parent(s) must sign approval.
4. Must present a neat, clean appearance.
5. Follow any and all instructions by the deputy to which participant is assigned.
6. Not interfere with the performance of the deputy.
7. Possess no camera(s) and/or recording devices of any type without the approval of the Sheriff.
8. Shall not leave the patrol car at the scene of any law enforcement activity to assist the deputy.
9. The ride-along shall take place at the convenience of the operations of the department.
10. No participant shall ride more than five (5) times per calendar year.
11. Participants are to report to the department promptly at the assigned time of the ride-along.
12. All participants are subject to a criminal background investigation prior to being allowed to participate in the program.
13. Anyone with a felony conviction is prohibited from participating in the program.
14. Anyone with a misdemeanor conviction shall be allowed to ride with the approval of the Sheriff or Chief Deputy.
15. Anyone may be denied participation at any time for any reason or for no stated reason.

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RIDE-ALONG PROGRAM**

**Participant Information Form**

NOTE: Providing this information in no way constitutes authorization to participate in the ride-along program.

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Used \_\_\_\_\_

Primary Physician \_\_\_\_\_

Blood Type \_\_\_\_\_ Known Allergies \_\_\_\_\_

Other Pertinent Medical Information \_\_\_\_\_

My purpose for requesting permission to participate in the civilian ride-along program is:

\_\_\_\_\_  
\_\_\_\_\_

I fully understand that law enforcement is a hazardous profession and that by participating in the ride-along program that my personal safety as an observer cannot be guaranteed. I fully understand that what I see and/or hear if allowed to participate is to be considered confidential and shall not be disseminated to others unless it is public record. With this in mind, I ask to ride with a patrol deputy on the following date and time.

Date \_\_\_\_\_ Time \_\_\_\_\_

Approval:

\_\_\_\_\_  
Major, Chief Deputy or Sheriff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Assigned

\_\_\_\_\_  
Shift Supervisor

State of Mississippi  
County of Lauderdale

Hold Harmless Agreement

FOR AND IN CONSIDERATION of the request of benefits from the Lauderdale County Sheriff's Department, to permit \_\_\_\_\_ to participate in the Lauderdale County Sheriff's Department Ride-Along Program, the undersigned participant does hereby remise, release, hold harmless, and forever discharge the Lauderdale County Sheriff's Department and/or any employee thereof from any personal injury or property damage that he/she may sustain while on the premises or property owned or controlled by the county of Lauderdale or any other premises in the course of said activities or while participating in said program. The undersigned participant hereby understands and acknowledges that he/she is not covered by any Lauderdale County insurance policy. The undersigned participant further, for the consideration recited herein, does hereby agree to indemnify the County of Lauderdale for any and all losses, damages, claims, liabilities and injuries he/she may suffer by any person or persons as a result of participating in the ride-along program.

IN WITNESS WHEREOF, we have executed this Hold-Harmless Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Lauderdale County

\_\_\_\_\_  
For the Lauderdale County Sheriff's Dept.

\_\_\_\_\_  
Indemnitor (Participant)

\_\_\_\_\_  
Witness/ Parent

\_\_\_\_\_  
Witness