



DARLINGTON COUNTY SHERIFF'S OFFICE

Sheriff Tony Chavis

Ride-Along Policy and Rules

The goal of the Darlington County Sheriff's Office (DCSO) Ride Along Program is to acquaint citizens with the DCSO while providing quality service to the community. In order to accomplish this goal, the following policies and rules are applied to this program.

- The attached Authorization and Waiver forms must be submitted at least **two weeks prior to the requested ride along date**. Please mail or hand-deliver the entire Ride Along packet to 1621 Harry Byrd Highway, Darlington, SC 29532. If you have any questions please feel free to contact: Captain Mark Campbell at (843) 624-1058.
- The minimum age for the Ride Along Program is 18.
- The Ride Along Program is offered as a privilege. The DCSO reserves the right to refuse any application for a ride along and a ride along may be terminated at any time at the discretion of the Officer or the Shift Supervisor.
- "Uniforms" of any type will **not** be allowed (ie: military, other police agencies, etc.) unless prior approval is obtained.
- Tape recorders, cell phone cameras or any audio and video device will **not** be allowed unless previously approved by the Sheriff.

You are riding in the capacity of an observer and you are under complete control of the Officer at all times. Every effort is made to insure your safety; however, the officer's first responsibility is to carry out his/her assigned duties. The officer you accompany will discuss his/her duties as time permits. If some emergency should arise, you must without question, comply with any orders or directions given you by the officer.

The required completion of the Authorization and Waiver forms provide notice of the rights and liabilities related to participation in our Ride Along Program. Participants assume any and all risks associated with the officer's performance of official duties as a condition of accompanying any members of the Darlington County Sheriff's Office in the Ride Along Program.

Thank you for your interest in the Darlington County Sheriff's Office!
(Please retain a copy of this page for future reference)

Integrity – Accountability – Selfless Service
1621 Harry Byrd Highway, P.O. Box #783, Darlington SC 29532
Telephone: (843) 398 4501



DARLINGTON COUNTY SHERIFF'S OFFICE

Sheriff Tony Chavis

Darlington County Sheriff's Office

Ride Along Program

Release of Claims, Indemnity Agreement, and Covenant Not To Sue

Whereas, I, _____, not being a member of the Darlington County Sheriff's Office, have made a voluntary request to ride as a guest in a vehicle assigned to the Darlington County Sheriff's Office and to accompany members of the Darlington County Sheriff's Office during the performance of their official duties; and

Whereas, the Darlington County Sheriff's Office is permitting me to ride as a guest in a vehicle assigned to that department and to accompany members of said departments during the performance of their duties,

I DO HEREBY AGREE:

1. That I am aware that the work of the Darlington County Sheriff's Office is inherently dangerous, and that I may be subjected to the risk of death, personal injury, or damage to my property by accompanying members of the department during the performance of their official duties and I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but limited to: death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of peace, fire, explosives, gas electrocution, or the escape of hazardous substances, or the sustaining of injury in any other way while accompanying members of the department during the performance of their official duties.
2. The Darlington County Sheriff's Office has not induced me to participate in the Ride Along Program and I am not relying on any representations of the department as to the safety, supervision, or support during participation in the program.
3. That I exempt and release the Darlington County Sheriff's Office, its public officials and employees and sureties, all members of the Darlington County Sheriff's Office and their sureties, and each of them from any and all liability, claims, demands, or actions or causes of action whatsoever arising out of any damage, loss or injury to me or my property incurred while riding in any vehicle assigned to the Darlington County Sheriff's Office or while accompanying members of the department during the performance of their official duties or while on the premises of the department, whether such loss, damage or injury results from the negligence of the Darlington County Sheriff's Office, its public officials and employees and their sureties, any members of the Darlington County Sheriff's Office and their sureties, and each of them, or from some other cause.
4. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant no to sue the Darlington County Sheriff's Office its public officials and employees, any members of the Darlington County Sheriff's Office, their sureties and each of them, against any and all manner of actions, causes of actions, suits, debtors, claims, demands, damages, or liability, or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by them while riding in any vehicle assigned to the Darlington County Sheriff's Office or while accompanying any member or members of said department during the performance of their official duties.
5. I freely, voluntarily and with the knowledge of the contents of this document and its exhibit assume the risk or risks associated with participation in the Ride Along Program, including but not limited to death, personal injury, or property damage arising from or connected with participation in the program, either with or without the supervision of a member or members of the Darlington County Sheriff's Office.

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENT OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

Date: _____ Signature: _____ SSN: _____

Address: _____ Phone#: _____ DOB: _____

o the Patrol Commander through the Shift Supervisor at the end of the tour of duty.

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