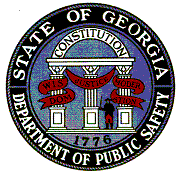
**GEORGIA DEPARTMENT OF PUBLIC SAFETY**



**RIDE ALONG WAIVER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | **DATE OF BIRTH** | | | |  |
|  |  | | |  | | | |  |
| **ADDRESS** | (Street Address) | | | | | | | |
|  | (City), (State) (Zip Code) | | | | | | | |
|  |  | | | | | | | |
| **PHONE NUMBER** |  | | **EMPLOYMENT** |  | | | | |
|  | | | | | | | | |
| **EMERGENCY CONTACT** |  | | | | **PHONE** | |  | |
|  |  | | | | | | | |
| **DATE OF RIDE-ALONG** |  | **APPROVING AUTHORITY** | | | |  | | |
|  |  |  | | | |  | | |
| **PURPOSE** |  | | | | | | | |

In consideration of being permitted to accompany a member of the Georgia Department of Public Safety in his/her vehicle, I acknowledge and agree to the following:

1. I have requested the opportunity to ride with a member of the Georgia Department of Public Safety while in the performance of his/her duties.
2. My participation is voluntary. I will not be on duty and I will not be compensated in any manner.
3. I will be an observer and will not perform any type of work.
4. I will abide by the Department’s policies, rules, and regulations and will follow all directions provided to me.
5. I voluntarily assume the risk of all injuries that might occur and be the result of the assignment.
6. I will not have a weapon in my possession during this ride along.
7. I release and discharge the Georgia Department of Public Safety, the State of Georgia, and its employees, from any and all liability, claims or demands arising from my participation in a ride along with a member of the Georgia Department of Public Safety. I release and discharge this agency and its employees from any and all claims for personal injuries sustained while present or participating in a ride along with a member of the Georgia Department of Public Safety.

I hereby agree to the above-stated terms.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant Signature |  |  |  | Date |  |
|  |  |  |  |  |  |
|  |  | | |  |  |
| DPS Representative  Signature |  |  |  | Date |  |
|  |  | | Badge # |  |  |