



# 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 # \_\_\_\_\_