



Oregon Department of Corrections
Ride-Along Liability Release Form

I, the undersigned _____, request the Oregon Department of Corrections allow me to participate in a ride-along. I am voluntarily agreeing to ride in a state vehicle with a member of the Oregon Department of Corrections, Parole and Probation Services, in order to gain knowledge of the performance of official duties by department employees. I am aware of all the inherent dangers to myself from participation in this ride-along and I understand that the function of the department is not to serve as a guardian of my safety during my participation in this activity. In consideration of being allowed to participate in the ride-along, I am voluntarily agreeing to the terms of this agreement.

I hereby RELEASE and HOLD HARMLESS the Oregon Department of Corrections, its employees and authorized representatives, from any and all claims for damage, personal injury or death to myself, my family, my estate or my heirs or assign, arising out of or involving my participation in the ride-along.

This observation is for my educational benefit. I shall, at all times, agree to obey all orders, instructions and commands of any department employee. I further agree not to divulge anything which I may observe or hear of a confidential nature. I also realize that any action I witness during the ride-along may require my testimony in court at a later date. I further understand that I am not permitted to carry any weapon unless authorized by the Oregon Department of Corrections. I shall dress in appropriate attire and shall not be under the influence of or affected by any intoxicants, drugs or medication. I understand that my ride-along may be terminated at any time without notice.

I authorize the Oregon Department of Corrections to conduct a complete criminal history and records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me from the opportunity to participate in a ride-along.

I am of lawful age and legally competent to sign this release. I fully understand the terms of this release and comprehend that the terms of this agreement will affect my ability to sue the State, the Department, or their authorized representatives. I freely and voluntarily sign this release in sole reliance of my own independent judgment.

Signature of Applicant

Date

Last Name, First, Middle

Date of Birth

Maiden Name or other names used

Driver's License # / State

Street Address, City, State, Zip

Phone #

*** Office Use Only ***

CCH: _____ DMV: _____ OJIN: _____ OTHER: _____

Approved: _____ Denied: _____ By: _____ Officer Assigned to Ride With: _____