Orangeburg Department of Public Safety

Ride	er Information	Name:		Race: Sex	
		DOB:	SS#:	DL#:	
		Address:		Phone #:	
Reaso	on for Request				
Reque	sted Date(s) for Ride				
Hospi	ital Preference				
Medi	ical Problems				
Emon	rongy Control	Name:		Relationship:	
Emergency Contact		Address:		Phone#:	
			es and Regulations		
1. 2.		iteen (18) years of a			
2. 3.	Riders must carry identification with them while riding. Riders must dress in neat and clean clothing, including appropriate shoes.				
4.	No t-shirts, shorts, tank-tops, flip flops or other inappropriate clothing will be worn.				
5 .	There will only be one rider per vehicle.				
	6. Riders may not leave patrol vehicle during law enforcement action.				
7. 8.		Riders may not participate in law enforcement actions. Riders shall show respect and professionalism to all persons encountered during the ride.			
9.	Riders are under the direct control of the officer with whom they are riding and will adhere to all				
	instructions.				
	Relea	ase Indemnity a	nd Hold Harmless A	greement .	
Along Progr Each F epartment m	am (hereafter "Program") in Participant must comply with nay be requested to forfeit pa	consideration of the Partici all rules of the Program re rticipation in this Program.	pant being allowed to enter into an gardless of the time of adoption.	ty of Orangeburg Department of Public Safe nd participate in the Program. Anyone not complying therewith or any direct blic Safety, the City of Orangeburg, and its o	

Safety, City of Orangeburg, and its officers, employees, agents and staff members, and the Program and all those involved therein, from and against any losses, claims, damages, settlements, judgements, and liabilities including without limitation, all costs, expenses and judgements relative thereto (including count costs and attorney's fees) that may be asserted against or suffered by the m or any of them as a result of or in connection with any participation by the Participant in the Program or any activities associated therewith.

The Participant understands that there are inherent medical and/or physical risks associated with participation in the Program. Furthermore, the Participant assumes all risks associated with such participation as many of these activities are potentially dangerous and could result in injury.

Participant's Signature:		Date:
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Department Approving Official:		Date: