



To Protect and Serve, with Integrity

# Sherman County Sheriff's Office

Phone 785-890-4835

813 1/2 Broadway

Chad Mann, Sheriff

Fax 785-890-4839

Goodland, KS 67735

Austin Roknian, Undersheriff

## Citizen Observer Waiver of Liability

Note: Please allow up to two (2) weeks for your application to be processed. Fill out this form in its entirety. Due to the confidential nature of some calls and information, you may be asked to wait in the lobby or elsewhere in the office during information transfer. Due to priority calls for service, the deputy may be delayed. Request any assistance from sheriff's office staff if your wait is over thirty (30) minutes.

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Race: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DL#: \_\_\_\_\_ DL State: \_\_\_\_\_

Home Address (Include city, state, zip) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

*As a condition precedent to being allowed to ride as a passenger in a vehicle, or vehicles, operated by any Deputy Sheriff, agent, or employee of the Sherman County Sheriff's Office, I, the undersigned, knowingly and voluntarily assume any and all risks inherent in riding as a passenger.*

*I fully understand that I may be exposed to dangers in excess of those normally faced by passengers in private vehicles or other public vehicles. I further certify that I have received a briefing concerning the dangers prior to placing my signature on this document. I do hereby waive any right or claim against Sherman County, their agents, officials, employees, and Deputies for any loss of life, bodily injury, or property damage which I may sustain as a result of riding as a gratuitous passenger.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SHSO Witness/Notary Signature: \_\_\_\_\_

**UNDERAGE APPLICANTS:** *I, the parent, guardian, or legal custodian of the minor signing above do hereby consent to the above waiver and agree to the terms stated above.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SHSO Witness/Notary Signature: \_\_\_\_\_



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**\*\*\*SHERIFF'S OFFICE USE ONLY\*\*\***

Record Checked by: \_\_\_\_\_ 10-29: \_\_\_\_\_

Previously Rode?: YES \_\_\_\_\_ NO \_\_\_\_\_ Approved/Disapproved: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_ Badge No./Call Sign: \_\_\_\_\_

Scheduled Date/Time: \_\_\_\_\_

SUPERVISOR APPROVAL (Signature, Badge No./Call Sign) \_\_\_\_\_

Officer

Comments: \_\_\_\_\_

**ALLOW TWO WEEKS FOR COMPLETION OF BACKGROUND CHECK FOR RIDE-ALONG REQUESTS**

***INSTRUCTIONS FOR CIVILIAN OBSERVERS:***

1. Observers are under the command and instruction of the deputy at all times.
2. Observers will not leave the patrol vehicle at the scene of any law enforcement activity unless explicitly permitted by the deputy.
3. Observers will not participate in any policing or law enforcement action/activity.
4. Observers will not speak to prisoners, suspects, witnesses, or any other parties contacted by the deputy, unless directed to, by the deputy.
5. Observers will not interfere with deputy activities at any time. Questions may be asked when appropriate.
6. Observers will arrive at the sheriff's office lobby at least ten (10) minutes prior to the start time.
7. Inappropriate clothing will not be allowed. No short-shorts, cutoffs, t-shirts or shirts with crude language, tank tops, or tube tops.
8. Observers will not bring any weapons of any kind, unless authorized by the Sheriff.
9. If you are unable to keep your appointment, please notify Sherman County Communications at (785) 890-4575.
10. All observers MUST sign the aforementioned Waiver of Liability – no exceptions.
11. You will be automatically disqualified from participation due to any of the following:
  - a. If you are the subject of an active criminal investigation or prosecution.
  - b. If you are the subject of active criminal intelligence.
  - c. If you have been convicted of a felony.
  - d. If you have been convicted of a misdemeanor involving perjury or a false statement.
  - e. If you have previously been the subject of a Protective Custody action.



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- f. If you are known to be of immoral character.
- g. If you show up to the program while emitting the odor of alcoholic beverage or appearing to be under the influence of a controlled substance, or intoxicating substance.

*By signing below, I swear under penalty of perjury that I understand all rules regarding the Ride-Along Program, and I am not disqualified by any of the above conditions. I give my permission for the Sherman County Sheriff's Office to conduct any checks they deem necessary to help determine my eligibility to participate in the program.*

Signature of Observer: \_\_\_\_\_ Date: \_\_\_\_\_