



Rock County Sheriff's Office Ride-Along Request & Release of Liability Form

I, _____, hereby request that I be permitted to ride in a Rock County Sheriff's Office squad car with an on-duty Deputy Sheriff. I request that the ride-along take place on the date of ____/____/____ from

CHOOSE ONE: 6:30 AM – 3:00 PM 2:30 PM – 11:00 PM 10:30 PM – 7:00 AM

I understand that I will be voluntarily present in the capacity of an observer and that I will be under the direct and complete control of the Deputy that I accompany. I further understand that I shall take no official action, nor will I participate or interfere in any manner, nor engage in any police activity unless specifically directed to do so by the Deputy I am with. I also agree to comply with all directions and orders given to me by the Deputy.

In consideration for being permitted to accompany a Deputy of the Rock County Sheriff's Office and be transported in a Rock County squad car for the purpose of observing the operations of the Rock County Sheriff's Office, I do hereby release and forever discharge the County of Rock, the Sheriff of Rock County, the Rock County Sheriff's Office and any duly authorized representative thereof from all liability for damages or injuries which I may incur while in the company of or while acting at the direction of a Rock County Deputy while he/she is acting in his/her official capacity.

Date: _____ Signature: _____

Full Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ **Attach a Copy of Your Driver's License**

Reason for Ride-Along: School Professional Applicant Media Other

School/Employer: _____

School/Employer Contact: _____ Phone #: _____



TRAINING BUREAU STAFF CHECK OFF

Photocopy of DL Criminal History CCAP OR County Employee

Recommendation: Approve Deny

ADMINISTRATIVE APPROVAL

Request Approved? Yes No

Reviewer: _____ Date: _____

LES Commander or Designee

Rock County Sheriff's Office Training Bureau

200 East U.S. Highway 14, Janesville, WI 53545

Sgt. Chris Krahn
Nicole Barrington



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