



FORSYTH COUNTY SHERIFF'S OFFICE

CITIZEN RIDE-ALONG FORM

4. The undersigned's attire must be neat, clean and conservative. The undersigned should not wear any type of clothing, jacket, or cap with a logo that might suggest that he or she is a deputy.
5. All cameras and recording devices are prohibited.
6. The undersigned shall be in good health. No persons with severe colds or illnesses shall be permitted to ride-along.
7. The undersigned must remain in the patrol car at all times unless told to do otherwise by the host deputy.
8. The undersigned must wear a seatbelt while the vehicle is in motion.
9. The undersigned must not become physically or verbally involved in any incidents.
10. In the event of a serious situation, as determined in the sole discretion of the host deputy, the undersigned will be required to wait in a secure and safe place.
11. The undersigned agrees that if, during the participation in the Ride-Along Program an occurrence is witnessed or the undersigned otherwise become privy to information which may assist the Forsyth County Sheriff's Office in its investigation of an incident or which may be of such nature that its presentation as evidence at trial is required, the undersigned agrees to provide the Forsyth County Sheriff's Office with such information and to appear as a witness at trial should such an appearance be requested.
12. The undersigned agrees that any information overheard regarding a criminal investigation is confidential in nature and the undersigned shall not reveal or otherwise discuss the names of any suspects arrested, or witnesses to an incident or act or arrest, or to reveal any details of an incident with any party, unless specifically requested to do so by the Sheriff's Office or appropriate prosecutorial authorities.
13. The undersigned agrees that at no time during the ride-along will the undersigned possess any weapon, including but not limited to, a firearm, knife, pepper spray, baton, or black jack.

WHEREAS, the undersigned acknowledges that the work of the Forsyth County Sheriff's Office is inherently dangerous and that the undersigned may be subjected to hazardous situations resulting in death, personal injury or damage to property by accompanying a member or members of the Forsyth County Sheriff's Office during the performance of his or her official duties and that the undersigned freely, voluntarily, and with such knowledge assumes the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forceable resistance by law violators or suspected law violations, assaults, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive substances while accompanying a member of the Forsyth County Sheriff's Office during the performance of their official duties. The above designation of risks is intended to be representative of those types of risks that are inherent during the performance of law enforcement duties, and said designation is in no way intended to limit the coverage of the potential hazards for which the undersigned releases Forsyth County, the Forsyth County Sheriff, the Forsyth County Sheriff's Office, their employees, officers, elected officials, agents, representatives, and sureties from all liability.

WHEREAS, the undersigned understands and agrees that participation in the Ride-Along Program is for the undersigned's personal edification and should not in any way be construed as constituting employment with Forsyth County, the Forsyth County Sheriff's Office, the Forsyth County



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Sheriff or to entitle the undersigned to any Forsyth County or Forsyth County Sheriff's Office employment benefits including, but not limited to, Workers Compensation, health insurance, leave, etc. The undersigned further acknowledges that the right to participate in the Ride-Along Program is a privilege, not a right, and that this privilege is subject to revocation at any time, for any reason, in the sole discretion of the host deputy.

WHEREAS, the Forsyth County Sheriff, the Forsyth County Sheriff's Office, Forsyth County, and their respective agents, elected officials, officers, employees, designees, agents, and sureties, shall not be responsible or liable for any injury, damage, loss or expense, either to the undersigned or to the undersigned's property or person incurred while riding in any vehicle assigned to the Forsyth County Sheriff's Office during the performance of their official duties and resulting from any negligent act or omission on the part of the Forsyth County Sheriff, or any member of the Forsyth County Sheriff's Office or agent, representative, or elected official of Forsyth County.

WHEREAS, the undersigned agrees, on behalf of his or herself, his or her heirs, executors, administrators and assigns, to defend and indemnify Forsyth County and the Forsyth County Sheriff, the Forsyth County Sheriff's Office, their employees, officers, agents, and sureties, against any and all manner of action, causes of action, suit, debt, claim, demand, damages, liability, or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of the undersigned while riding in any vehicle assigned to the Forsyth County Sheriff, Forsyth County Sheriff's Office or while accompanying any members of the Forsyth County Sheriff's Office during the performance of their official duties.

Citizen Name

Citizen Signature

Witness Name

Witness Signature



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BACKGROUND CHECK CONSENT

I hereby request the Forsyth County Sheriff's Office receive any Criminal History Record information which may pertain to myself, and may be found in any state or local criminal justice agency in Georgia or any other state of the United States. Records obtained from Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. Any dissemination of this information must be with the permission of the person/applicant. Forsyth County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions.

Citizen Name

Citizen Signature

Witness Name

Witness Signature



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GEORGIA CRIME INFORMATION CENTER (G.C.I.C.) AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq), provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and /or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

Citizen Name

Citizen Signature

Witness Name

Witness Signature

The undersigned hereby represents, as evidenced by the signature below, that the undersigned has carefully read and understands the contents of this document, has had the opportunity to discuss same with an attorney, and signs the same of his/her own free will. Additionally, the undersigned hereby acknowledges and understands that the previous preamble language is made part of this agreement and functions in concert with the same. I have also given Forsyth County Sheriff's Office to run a criminal history on me.

Citizen Name

Citizen Signature

Witness Name

Witness Signature

Witness Phone Number

Notary Name

Notary Signature

Notary Phone Number