

## Putnam County Sheriff's Office

### Standard Operating Procedure

### Ride Along Program

## MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Cadet \_\_\_\_\_ in the Cadet Ride-Along program for Explorer Post 2080, sponsored by the Putnam County Sheriff's Office.

In the event of serious illness or injury to \_\_\_\_\_ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

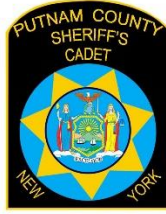
### EMERGENCY PHONE NUMBERS

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

ADVISOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_



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## Hepatitis B Vaccine Declination Form

Print your first and last name \_\_\_\_\_DOB\_\_\_\_\_

Signature\_\_\_\_\_date\_\_\_\_\_

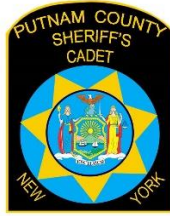
Parent's first and last name\_\_\_\_\_

Signature\_\_\_\_\_date\_\_\_\_\_

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time.

\_\_\_\_I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

\_\_\_\_I have received the Hepatitis B vaccination on this date\_\_\_\_\_



## Putnam County Sheriff's Office

### STANDARD OPERATING PROCEDURE

#### Ride Along Program

### Hold Harmless Agreement

#### Agreement Summary:

The undersigned, parent/guardian of

(Cadet name) \_\_\_\_\_, a participant of the Putnam County Sheriff's Cadet Program, hereby indemnifies and hold harmless the Putnam County Sheriff's Office, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Putnam County Sheriff's Cadets from claims of any kind whatsoever or of any nature for injury to the person or damage to the property of (Cadet name) \_\_\_\_\_, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Putnam, NY, its servants, agents, or employees and particularly the Deputy Sheriff's engaged in the supervision and control as set forth herein above.

Cadet Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print)

Parent/Guardian Name: \_\_\_\_\_ (required)  
(Please print)

Cadet signature: \_\_\_\_\_  
(parent/guardian if cadet in not 18 years of age or older)

**SEE Agreement on reverse side --> Page 1 of 2 SOPRideAlongHoldHarmless**

Agreement:

Whereas the undersigned not being a member employee or agent of the Putnam County Sheriff's Office or the County of Putnam, New York, has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Putnam County Sheriff's Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

Now, therefore, in consideration of the County of Putnam, a Municipal corporation, by and through its Sheriff's Office, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the County of Putnam, its officers, employees and agents, which may occur during my participation in the RIDE-Along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the County, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage, and liability caused by the negligence of the County, its agents, officers and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the County, its officers, agents and employees from and against any and all claims, loss damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Putnam County Sheriff's Office vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

Note: Persons riding with officers of the Putnam County Sheriff's Office may be exposed to subjects that are intoxicated, angry, depressed, hurt, under the influence of narcotics, victims of violence, victims of accidents, or other situations not commonly seen day to day. Riders and Parents of Juvenile riders should use discretion.

### **READ THIS DOCUMENT COMPLETELY BEFORE SIGNING**

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.  
NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

**Agreement Page 2 of 2**