Doña Ana County Sheriff's Office

845 N. Motel Blvd. Las Cruces, NM 88007

Kim Stewart, Sheriff

SHERIFF'S OFFICE RIDE-ALONG PARTICIPANT USER AGREEMENT PARTICIPANT INFORMATION: MIDDLE INITIAL LAST NAME FIRST NAME DATE OF BIRTH SOCIAL SECURITY # DRIVERS LICENSE/ID # & STATE HOME ADDRESS TELEPHONE # **EMERGENCY CONTACT INFORMATION:** RELATIONSHIP NAME HOME ADDRESS TELEPHONE # Please explain in detail the reason that you would like to be considered for participation in the Ride-Along Program In consideration of acceptance into the above referenced County program, I do hereby release the County of Doña Ana, the Doña Ana County Sheriff's Office and the officials, officers, agents, and employees of the County from liability from any foreseen or unforeseen harm, injury, or damage which I may suffer resulting from my negligence and/or intentional acts while participating in the above described program. INITIALS I hereby state that I agree to abide by all rules and requirements of the program. INITIALS I am of lawful age, am mentally and physically fit to participate in said program and legally competent to sign this agreement. I understand the terms of the agreement and the program and have signed this document of my own free will. INITIALS I HAVE BEEN FULLY INFORMED AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I UNDERSTAND THAT I AM RELEASING DOÑA ANA COUNTY AND THE DOÑA ANA COUNTY SHERIFF'S OFFICE FROM LIABILITY AND AM GIVING UP LEGAL RIGHTS WHICH I MAY OTHERWISE BE ENTITLED TO. Signature of participant Clear Wants & Warrants ☐Not Clear By: Signature and date Records Division Record (attached) ☐No Record: Signature and date Division Commander Approved ☐Disapproved: Signature and date Sheriff (or designee) Approved Disapproved: Signature and date Rules of Program Issued and Explained to Participant By:

