



Iron County Sheriff's Office

Citizen Ride Along

Hold Harmless Agreement

2132 N Main Street
Cedar City, UT 84721
(435) 867 7500

INSTRUCTIONS

Read the entire form, front and back, then complete the form, sign and have your signature notarized. Complete the section below, stating your reasons for wanting to participate in this program. Return the Agreement to the office.

YOUR NAME (LAST, FIRST, MIDDLE)		HGT	WGT	HAIR	EYES	SKIN	RACE	SEX
STREET ADDRESS, CITY, STATE		ZIP CODE	AGE	DATE OF BIRTH		SOCIAL SECURITY NUMBER		
EMPLOYER / SCHOOL NAME		HOME PHONE	DRIVER'S LICENSE NUMBER			STATE		
EMPLOYER ADDRESS, CITY STATE, ZIP		BUSINESS PHONE	OTHER CONTACT					

The reason I, _____ wish to participate in the ICSO Citizen Ride Along Program is because:

If you wish to ride with a specific Deputy, on a particular date, enter the information:

Deputy's Name	Date
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Signature _____
Signature of Parent/Legal Guardian (if applicable)

Subscribed and sworn to before me this _____ day of _____,

My commission expires: _____

Notary Public

Reviewed by:

Admin / Supervisor

APPROVED Sheriff / Lieutenant

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I, _____, wish to observe members of the Iron County Sheriff's Office perform their duties. This observation will include riding in police vehicles with members of the Iron County Sheriff's Office. These activities may include situations where I may suffer damage to my person or property.

I am freely and voluntarily requesting permission to participate in the Ride Along program. This program does not entitle me to, nor am I requesting, any compensation. I certify any services I will perform during the Ride Along program are done voluntarily. I understand permission to participate in this program may be revoked at any time.

In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold Iron County and the Iron County Sheriff's Office harmless. I agree to indemnify Iron County, the Iron County Sheriff's Office, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, and related activities, which is for bodily injury, illness or death, or property loss of use.

REGULATIONS:

1. Participants shall wear professional casual clothing. Shorts, sleeveless shirts, and t-shirts will not be acceptable attire.
2. Participants shall be under the direct control of the Deputy.
3. Deputies will not allow participants to enter private homes or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants will also not be allowed to photograph and/or videotape within these same areas.
4. Participants shall conduct themselves in a civil and courteous manner at all times.
5. Participants shall not interfere with Deputies while in the performance of their duties.
6. Participants shall not perform police duties. In an emergency, they may take appropriate action to protect themselves and/or officers.
7. Deputies shall not engage in pursuits while participants are passengers in their vehicles.
8. ICSO Supervisors shall have the option to deny an individual's request to participate in the Ride Along program.
9. Deputies may request, through their immediate supervisor, the Ride Along privileges of the participant be terminated for just cause.
10. Participants shall not carry weapons while they are participating in the Ride Along program, unless the participant has a valid concealed carry permit, or is a Retired or Active Law Enforcement Officer with identification (participants will not have any police powers).

Right of Access Provider Waiver

Iron County Sheriff's Office

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

NAME: _____ <small>(Last) (First) (Middle)</small>		Date of Birth: ____ / ____ / ____ <small>(Month) (Day) (Year)</small>	
Previously Used Name(s) (Maiden, Alias, etc)			
Physical Address: _____ <small>(Street) (City) (State) (ZIP)</small>			
Social Security #: _____		Driver License Number: _____ State: _____	
Phone #: _____		Reason for Request: _____	

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date: _____
(Initials) (Signature)