RIDE ALONG INFORMATION AGREEMENT AND RELEASE FOR ADULT

NAME:				
Last: First:				
Middle Initial:				
ADDRESS:				
Number: Street Name:				
Apt. #:				
City: State:				
Zip Code:				
Phone:				
DATE OF BIRTH:				
SOCIAL SECURITY #:				
DRIVERS LICENSE #: STATE: RACE:				
SEX: M or F				
1. Prospective adult ride along candidates must be at least 18 years of age and must provide state issued identification or a driver's license at the time of application.				
2. All ride alongs will be assigned to a Unit and Officer by the Law Enforcement Division Recruitment Coordinator. Participation in the program is restricted to one (1) ride along per observer every 6 months.				
3. The main purpose of the SCDNR's Law Enforcement ride along program is to give an overall view of a Game Warden's duties.				
4. Ride alongs will not be granted unless the request is received at least 48 hours prior to the intended ride.				
5. All applications must be reviewed and approved by the Law Enforcement Division Recruitment Coordinator prior to scheduled ride along date.				
6. Observers are prohibited from recording, broadcasting, streaming, or otherwise creating any video or audio documentation during a ride along, whether overtly or covertly, without the express written authorization of the Deputy Director of Law Enforcement / Colonel or a designee.				

Observer's Initials: _____

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

This Ag	greement is entered into this	day of	, 2024 between
		_ (Observer), whose current	, 2024 between address is
			, South Carolina 29, and
the Sta	uth Caroline Department of Natu	ral Resources, Law Enforcer	nent Division (SCDNR), an agency of O Assembly Street, Columbia, South
reques Divisio	t to ride as an unarmed observer n during the performance of the	r in a SCDNR to accompany eir official duties as a Game	r with SCDNR, has made a voluntary a member(s) of the Law Enforcement Warden. Observer understands and erver is not an employee of SCDNR.
By sign	ning below, Observer does hereby	y agree to the following:	
1.	may be subjected to potential ri threat of death or personal inju wildlife and insects, vehicles, b treatment for injuries, hunting violators, assault, riot, breach or radioactive substance and othe voluntarily and with such know connected with accompanying performance of their official dut	isks from environmental con ury, damage to personal pro poats, equipment, tools, we and fishing activities, unlaw of peace, fire, explosion, gas ers over which SCDNR may of wledge assume these poter g a member(s) of the Latties. Taking into considerati	IR is inherently dangerous, and that ditions, including by not limited to the perty, rigorous activities, exposure to apons, allergens, first aid or medica of ull acts or forcible resistance by law of the escape of may not have any control. I freely utial risks arising from, or in any way we Enforcement Division during the on my personal health, I acknowledge her I can safely participate in the ride
2.	members of the SCDNR Law responsibly in connection with a while riding in any SCDNR vehi during the performance of their	Enforcement Division, and any personal injury or propeicles, or while accompanyin official duties. I understance olina Tort Claims Act pursua	this agreement, I release SCDNR, al their sureties, from any liability or rty damage, loss or expense, incurred g any member(s) of said Department I that I am subject to both the benefits nt to S.C. Code Ann. §8-25-40 and the Code Ann. § 56-9-10, et. seq.
3.	SCDNR, all members of the SCD all manner of actions, suits, de kind of nature incurred or arisi	ONR Law Enforcement Division bts, claims demands or dark ing as a result of my conduny member(s) of SCDNR L	assigns to defend and indemnify the on, and their sureties, against any and nages or liability or expense of every act while riding in any SCDNR vehicle aw Enforcement Division during the

Observer's Initials: _____

By signing this Agreement, I acknowledge that I have completely read and fully understand and agree to be bound to these terms. Additionally, I warrant that I am eighteen (18) years old or more and competent to contract in my own name, or if not, that my legal guardian has signed this Agreement below. This Agreement is binding upon me and my heirs, assigns and personal representatives. I also declare that I have read and will abide by the instructions for ride-a-long observers and received a copy of the same if requested.

SIGNATURE:	[DATE:
Printed Name:		
Have you ever been fingerprinted? Ye	sNo	_
Reason		
Purpose of ride-along:		
FOR DEPARTMENT USE ONLY		
A record check of the ride-a-long appl		•
Signature of DNR employee Date		
1. Local: None Found	Copy Attached	
2. NCIC: None Found	Copy Attached	
Assigned to:		
Time/Shift:		
Week Day:		
Signature of Law Enforcement Divisio	n Recruitment Coordina	ator:
Date:		