



DODGE COUNTY SHERIFF OFFICE

22 East 6th Street, Dept. 201
Mantorville, MN 55955-2255
Phone: 507-635-6200 FAX: 507-635-6225
Emergency 911

RIDE-ALONG WAIVER

(Last Name) (First Name) (Middle Name) (Date of Birth)

(Address) (City) (State) (Zip Code)

(Driver's License or ID #) (Home Phone) (Work Phone)

(Parent's or Spouse's Name) (Phone #)

(Address) (City) (State) (Zip Code)

Date of Requested Ride Along Deputy Requested/Assigned

Approved _____
(Supervisor's Initials)

Not Approved _____
(Supervisor's Initials)

Waiver of Claims

I, _____ of _____
(Name) (Address)

In consideration of being permitted to ride in a Dodge County Patrol car, agree that Dodge County, its agents and Deputies, shall not be liable for any damage or injury that may be sustained by me while riding as a passenger in said Patrol car or cars, whether or not said damage or injury should be caused or be due in whole or in part by , due to, or contributed to, in whole or in part by, negligence of the County of Dodge, its agents, or employees.

Participant Agreement: I understand an abbreviated background check may be done, and I will:

1. Arrive at the agreed upon time, appropriately attired;
2. Obey all orders or requests related to my safety or protection made by any Deputy
3. Not interject myself into any situation without prior approval by a Deputy
4. Be exposed to situations, conversations and/or information considered confidential and protected under data privacy laws, and understand that anything witnessed and/or observed during my time with Dodge County may be classified as confidential information, and will adhere to data privacy laws.

Failure to comply with these instructions will result in termination of my participation and I will be returned to the Law Enforcement Center.

I affirm that I have read the above instructions and that by my signature; I agree to and will cooperate with all the instructions listed herein.

Participant's Signature

Parental Signature (if under the age of 18)

Witnessed by (Deputy or Supervisor)

Date/Time In: _____

Date/Time Out: _____

**ACKNOWLEDGMENT AND CONTRACT OF DATA PROTECTION
DODGE COUNTY SHERIFF'S OFFICE**

During the course of my involvement with the Dodge County Sheriff's Office, I will observe the operations of the Sheriff's Office, its Deputies, and the 9-1-1 Call Center. I understand and acknowledge that some of the data I will be exposed to is classified in the Minnesota Government Data Practices Act as data that is not public information and specifically classified as either private data on individuals, confidential data on individuals, protected data or protected non-public data. Such data might include protected law enforcement data, security data, and a wide variety of other data that is protected from proper disclosure and dissemination through third parties.

By signing this document I acknowledge and understand that oral communication of any information that I obtain during my time with the Sheriff's Office is treated by law as entitled to the same protections as any actual document or other hard copies of such information. This means that anything I talk about to third parties outside the scope of my time with the Sheriff's Office could be a violation of the Minnesota Data Practices Act if the data is classified as anything other than public data. I further understand that there are potential civil and criminal consequences if I violate the privacy obligations imposed by the Data Practices Act. Those consequences can include an action for civil damages under Minnesota Statute 13.08 for which I could be personally liable and that liability includes costs of the lawsuit and reasonable attorney's fees. I also understand if it were proven the violation is willful that there could be liability for exemplary damages for each violation and there is no immunity for a cause of action brought for violation of the Data Practices Act. I also understand and have been informed that under Minnesota Statute 13.09 any person who willfully violates the privacy laws of the Data Practices Act could be charged and convicted of a misdemeanor for which the sentence can be a \$1,000 fine, 90 days in jail or both.

I acknowledge my obligations to protect the privacy and confidentiality of the data that I will overhear and observe during the course of my time with the Dodge County Sheriff's Office. I promise and contract to protect the privacy and confidentiality of that data under penalty of law.

Dated: _____

Signature

Acknowledged and witnessed
this ____ day of _____ by:

Signature