



FOREST COUNTY SHERIFF'S OFFICE

526 ELM STREET, BOX 9 • TIONESTA, PENNSYLVANIA 16353

PHONE (814) 755-3541 • FAX (814) 755-4404

ROBERT L. WOLFGANG, SHERIFF

I, _____, understand that I will be participating in a ride along on
_____ with Deputy _____. I acknowledge that my role is that of an observer
and nothing else. I will not interfere with the Duties of the Officer, nor will I place myself in a position of
danger. I will follow all commands the Deputy gives me without question, and understand this is for my
safety. I will not hold the Forest County Sheriffs Office, The Sheriff or any of his Deputies or the County
of Forest liable for my own negligence. I certify that I have Insurance and that in the event of an
accident my personal insurance will be billed as I am in no way being compensated for this ride along.

(SIGN)

(PRINT)

(DATE)

(WITNESS)