DODGE COUNTY
SHERIFF'S OFFICE

Observation Waiver / Request Form

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

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

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

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

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

Date of Requested Ride Along Officer or Sergeant Assigned

☐ Approved _____ (Supervisor's Initials) ☐ Not Approved _____ (Supervisor's Initials)

Waiver of Claims

I, _____ (Name) of _____ (Address)

In consideration of being permitted to observe in the Dodge County Communications Center, agree that Dodge County, its agents, and employees shall not be liable for any damage or injury that may be sustained by me while observing in the Dodge County Communications Center 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.

Participation 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 Communications Officer or Sergeant.
3. Not interject myself into any situation without prior approval by a Communications Officer.
4. Any radio, telephonic, or face-to-face emergency communications witnessed by the participant are to remain confidential.

124 West St., Juneau, WI 53039 | Non-emergency (920) 386-3726 | Fax: (920)386-3742

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Participation Agreement (Continued)

5. Participants cannot possess or consume alcoholic beverages (or any other prohibited substances) before or during their time at the Communications Center.

6. Even if the participant possesses a concealed carry permit, they are not to be allowed to carry any type of weapon.

7. Participants must agree to not publicly discuss confidential police matters. Additionally, they must never take pictures or record sound/video during observation activities.

8. Law Enforcement utilizes a confidential information system for checking individuals. These TIME System queries and returns are exclusive to Law Enforcement and are not for public viewing. Participants are not to take or remove any of these records.

9. Students are engaged in an educational program with the Sheriff's Office, during which the students will have access to certain confidential and proprietary information critical to the operations of the Sheriff's Office and the safety and privacy of the community it serves. Confidential Information includes, but is not limited to, all information, regardless of whether it is in written, oral, electronic, or other form, related to ongoing investigations, operational tactics, law enforcement procedures, identities of persons involved in investigations, crime victims, witnesses, and any other information obtained during the course of the student's engagement with the Office that is not publicly available. The student agrees to keep all Confidential Information in strict confidence; not disclose such Confidential Information to any third parties, except as expressly permitted by the Office in writing; and use the Confidential Information solely for the purpose of fulfilling the student's educational and training objectives as outlined by the Office and the Student's educational institution. The obligations under this Agreement shall commence upon the Effective Date and shall continue indefinitely, even after the termination of the Intern's engagement with the Office, unless otherwise agreed in writing by both parties.

10. Students shall obtain prior written approval of the Sheriff's Office and the School before publishing any material relating to the clinical learning experience.

Failure to comply with these instructions will result in termination of my participation and I will be escorted out of the Sheriff's Office.

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 (Communications Officer or Supervisor)

Time in: _____ Time Out: _____

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