

COUNTY OF SAN LUIS OBISPO DIVISION OF ANIMAL SERVICES

RIDE ALONG REQUEST



Animal Services provides ride-along opportunities for citizens interested in observing the day-to-day experiences of an Animal Control Officer. Interested parties should complete the following application form and return it to the Animal Services office. You must be at least 18 years old to participate.

Ride-alongs are done Mon-Sat from 8am-6pm. Please indicate the day and time range you are interested in and Animal Services staff will call to schedule you. Portions of the day during your ride-a-long may involve walking over rough or uneven terrain and being around various types of animals; for your protection, please wear pants and comfortable closed-toe shoes.

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CONTACT INFORMATION							
Name				Date	Date of Birth		
Address			City		te	Zip	
Home Phone	Mobile Phone	bbile Phone			Driver's License # (incl. State and exp. date)		
Have you ever done a ride-along with Animal Services before?			□ No □ Yes (Date)				
Reason for ride-along request?			General interest Career Interest Other				
What days are you available to do a ride-along?			☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat				
Release and Hold Harmless Agreement							
I am not aware of any physical disability or health related reasons which would preclude me from participating in a ride-along with Animal Services officers. I further understand that Animal Services personnel and agents are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I understand that participation in this program can include activities which may expose me to certain risks of injury. In consideration of this consent to participate in these programs and activities, I hereby agree, on behalf of myself and my assigns and heirs, to release, defend and hold harmless, the County of San Luis Obispo, the Health Agency, the Division of Animal Services and their employees, agents and/or representatives ("Releasees") from any and all direct, indirect, special or consequential actions, claims, damages, costs, and liability, legal or otherwise, arising or resulting from my participation in this ride-a-long program, including without limitation, damage to or destruction of any property or injury or death to any person. This release shall be binding upon my heirs, administrators, executors, and assigns. In signing this release, I acknowledge and represent that I have read the foregoing Release/Agreement, fully understand it and its content and sign it voluntarily and that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. Lam aware that this is a release of liability and a contract between myself and the releasees and sign it of my own free will. I am fully competent and I execute the Release Agreement for full, adequate and completed consideration fully intending to be bound by the same.							
Signature				Date	Date		
Print Name							
Information belo	w this lin	e to b	e completed by	y Animo	al Servi	ces	
Approved Yes No By	Ride-Along Date			ACO Assign	ned		