

**61 SFS PROJECT RIDE-ALONG
APPLICATION AND LIMITED RELEASE**

PRIVACY ACT STATEMENT

AUTHORITY: TITLE 10, USC 8013, TITLE 44, USC 3101

PRINCIPAL PURPOSES: TO PROVIDE THE SECURITY FORCES WITH NECESSARY EMERGENCY NOTIFICATION DATA AND A WAIVER OF LEGAL RESPONSIBILITY.

ROUTINE USES: TO BE FILLED OUT PRIOR TO ACCOMPANYING SECURITY FORCES ON PATROL. IN THE EVENT OF A MISHAP, DATA PROVIDED WILL BE USED TO AID IN THE NOTIFICATION OF THE NEXT OF KIN. THE LIMITED WAIVER WILL BE USED IN THE EVENT OF A SUIT BEING FILED AGAINST THE UNITED STATES AIR FORCE.

DISCLOSURE IS VOLUNTARY: HOWEVER, FAILURE TO COMPLETE THIS FORM WILL RESULT IN INELIGIBILITY TO PARTICIPATE IN THE RIDE-ALONG PROGRAM.

I. APPLICATION		
NAME (Last, First, Middle Initial)		AGE
HOME ADDRESS	ORGANIZATION	DUTY TELEPHONE
SPONSOR'S NAME (Last, First, Middle Initial)		
IN CASE OF EMERGENCY NOTIFY		TELEPHONE

II. LIMITED RELEASE		
<p>I, _____, am about to voluntarily participate in the ride along on patrol program as an observer with the 61st Security Forces Squadron, Los Angeles, AFB, California, between _____ and on _____. I am doing so on my own initiative. I know, understand, and agree that I am freely assuming the risk of my personal injury, death, or property damage, from any and all causes, excepting only the negligent acts of the United States or its employees. I understand and acknowledge that, if I suffer personal injury, death, or property damage as a result of the negligent acts of the United States or its employee, the exclusive remedy available to me is that provided under the Federal Tort Claims Act, 28 U.S.C. § 2679. In consideration of the permission extended to me by the United States through its officers and agents to participate in the ride along program as an observer, I do hereby, for myself, heirs, executors, and administrators: covenant and agree to release and forever discharge the government of the United States and all its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death, damage to my property, or on account of any personal injury to me which may occur from any cause, including the acts of third parties during said observation patrols, except where such injury or loss is caused by the negligence of the United States or its agents or employees so as to be actionable under the Federal Tort Claims Act, 28 U.S.C. §§ 2671-2680.</p>		
PRINTED NAME OF OBSERVER (Last, First, Middle Initial)	SIGNATURE OF OBSERVER	DATE

AGREEMENT FOR MINOR PARTICIPANT	
<p>I/We, _____ / _____, the parents/legal guardians of the above named minor, do hereby (1) consent to his/her participation in the 61 SFS ride along program, (2) agree to the provisions of the above agreement and adopt it as my/our own.</p>	
DATE	SIGNATURE OF BOTH PARENTS AND/OR LEGAL GUARDIANS

III. FOR SECURITY FORCES USE ONLY		
DATE SCHEDULED	FLIGHT ON DUTY	FLIGHT CHIEF

REMARKS	

TIME ACCOMPANIED	SIGNATURE OF ACCOMPANIED PATROL OFFICE
_____ HOURS TO _____ HOURS	

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

