



Dave Kerner
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

REQUEST TO RIDE AS AN MEDIA OBSERVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned, being over the age of eighteen and a *credentialed member of the Media hereby requests that the Division of Florida Highway Patrol grant permission for me to ride-along, as a Media Observer only, in an authorized Florida Highway Patrol motor vehicle\aircraft.

This observation is for the purpose of (select one):

- Traffic Safety Education ____
- Promote Public Safety Campaign ____
- Promote FHP Initiatives or Programs ____

If I am granted permission to be a Media Observer on a ride-along, I agree to follow all instructions, orders, and commands given to me by the officer in control of any vehicle or aircraft in which I may be riding or given to me by any other law enforcement officer.

I understand and acknowledge that law enforcement work can be and is inherently dangerous and unpredictable, and situations may arise as a Media Observer during a ride-along that could put me at risk of physical harm, death, property damage, or injury, including, but not limited to, crashes, negligent acts or omissions, or other acts of or caused by, directly or indirectly, any officer, trooper or employee of the State of Florida, the Florida Highway Patrol, the Department of Highway Safety and Motor Vehicles, another law enforcement agency or governmental entity, or some other person.

In consideration of the approval of my request to be a Media Observer during a ride-along (receipt and sufficiency of which is indirectly, managed), I hereby grant the State of Florida, Department of Highway Safety and Motor Vehicles, the Florida Highway Patrol, its officers, troopers, and employees, other law enforcement agencies and other governmental agencies, together with their officers, and employees, a complete and total release from any and all liability and agree to hold the State of Florida, the Florida Department of Highway Safety and Motor Vehicles, the Florida Highway Patrol, other law enforcement agencies and any other governmental entity, as well as any of their troopers, officers, or employees, harmless for any liability to me, including any person who may make any claim through me, for any physical harm, injury, death, property damage, or damage to my personally-owned or media organization-owned equipment, sustained during or arising from any time period I am a Media Observer on a ride-along, including, but not limited to, physical harm, damages, injuries, or death resulting from any crashes, negligent acts or omissions, or other acts of or caused by, directly or indirectly, any officer, trooper, or employee of the State of Florida, the Florida Highway Patrol, the Department of Highway Safety and Motor Vehicles, other law enforcement agency or governmental entity, or some other person.



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I understand that I must submit this form at least **10 days** before the requested date of observation and that a ride-along is subject to termination by the Florida Highway Patrol at any time during the 2–4-hour ride-along.

Lastly, I understand that, except when required by law, including, but not limited to, testimony in a court of law, neither officers, troopers, and employees of the State of Florida, the Florida Highway Patrol, the Department of Highway Safety and Motor Vehicles or any other governmental entity nor I will be questioned, interviewed, photographed, or filmed without the written approval of the Department of Highway Safety and Motor Vehicles Director of Communications, the Department of Highway Safety and Motor Vehicles Executive Director, and the Florida Highway Patrol Colonel.

This Agreement shall be governed by and interpreted in accordance with the laws of Florida and exclusive jurisdiction for all disputes or actions arising from this Agreement shall be in the Circuit Court in and for Leon County, Florida

Media Observer’s First Middle and Last Name (Typed / Printed): _____

Media Observer’s Signature: _____

Media Observer’s Organization: _____

Media Observer’s Age: _____

Media Observer’s Address: _____

Witness _____ to

Media Observer’s Signature: _____

Date Agreement Received by FLHSMV Communications Director: _____

Troop / District requesting to ride with: _____

Requested Date to Observe with FHP: _____

Please list any equipment you will bring on the ride along and its purpose.



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If there is another person who is a part of the Media Observer's media crew will be participating in the ride-along, that person must also complete the forms in the ride-along packet.

*Credentialed member of the media is defined by the Department of Highway Safety and Motor Vehicles as an individual directly employed by agencies of the web-based (internet), electronic media (radio, television), and/or print media (newspaper).