

Gilford Police Department

Chief of Police
Anthony J. Bean Burpee



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TO: Interested Ride-Along Participant
FROM: Chief of Police Anthony J. Bean Burpee

Thank you for your interest in participating in the Gilford Police Department's *Ride-Along Program*. Prior to completing the attached request form and waivers, please take time to read the following excerpts from our agency's *Ride-Along Program* policy so that you are fully aware of what is expected from us as a law enforcement agency and from you as a ride-along participant.

It shall be the policy of the Gilford Police Department (GPD) to establish guidelines for officers and for individuals who wish to participate in the department's *Ride-Along Program*; a privilege and not a right. The *Ride-Along Program* is offered as an educational benefit to members of the public, GPD Police Explorers Program cadets (hereinafter, cadets), criminal justice students, other sworn or retired law enforcement officers, etc.

A. Ride-Along Requests:

1. Generally, individuals participating in police department *Ride-Along Programs* are prohibited. There exists, however, possible exceptions for individuals currently employed by (or retired from) law enforcement agencies, GPD cadets, active criminal justice students enrolled in higher education programs, and/or other individuals (e.g., Town of Gilford officials) who can show reasonable grounds to request a ride-along.
2. Ride-along requests are only granted with written authorization by Command Staff personnel (i.e., Chief of Police or Lieutenants). Command Staff personnel may request names, dates of birth, and, if required, social security numbers from individuals in order to perform criminal records and motor vehicle checks, as well as contact history searches on any and all ride-along participants. *Such hard copy printouts of all checks and searches shall be attached to Ride-Along Request Forms and retained for a three year period.*
3. Individuals wishing to participate as a ride-along shall pick-up a *Ride-Along Request Form* (see Appendix 1), *Ride-Along Release and Waiver* (see Appendix 2), and *Ride-Along Confidentiality Clause Waiver* (see Appendix 3) from the police department in order to be filled out, completed, and returned. All completed forms must be

equipment; or participating in **any** police-related activities unless directed to do so by hosting officers.

5. Should, at any time, hosting officers or ride-along participants indicate a desire to cease ride-along activities, officers shall, as soon as practically possible, return participants to the GPD or another safe and reasonable location for proper pick-up or so that participants may gain access to their personal vehicles. Officers shall then immediately notify the on-duty supervisor (i.e., Corporal, Sergeant or OIC) regarding their or the participant's intent to discontinue the ride-along session.
6. Ride-along participants are prohibited from engaging in any type of picture taking, recording, texting and/or social media posting (by way of cameras, cellular devices, video recorders or other recording-type equipment) on such sites as, but not limited to: Facebook, Instagram, Snapchat, Twitter, Youtube, etc. Ride-along participants clearly identified and recognized as members of the media may be allowed to engage in such activity if approved by Command Staff personnel.



APPENDIX 1

RIDE-ALONG REQUEST

Dear Chief of Police:

I am requesting to participate in a ride-along session with the Gilford Police Department at a date and time deemed appropriate by you.

I understand that I must first receive approval from you in order to become a ride-along participant and that I must read and sign (if under the age of 18 then parent/guardian must read and sign as well) the *Citizen Ride-Along Release and Waiver* form prior to being allowed to accompany an officer.

Name: _____ Date of Birth: _____

Address: _____

Telephone #: _____

Parent/Guardian Telephone # (if juvenile): _____

Printed Name: _____ Signature: _____

Parent/Guardian Printed Name (if juvenile): _____

Parent/Guardian Signature (if juvenile): _____

FROM: Chief of Police (or his/her designee)

TO: Officer _____

SUBJECT: Authorization for Ride-Along Participant

REQUEST IS: Approved _____

Not Approved _____

The herein named ride-along request participant is authorized to ride with you on _____
from _____ hours until _____ hours.



APPENDIX 2

RIDE-ALONG RELEASE AND WAIVER

The Town of Gilford allows voluntary participation in a *Ride-Along Program* (hereinafter, *Program*) through the Gilford Police Department. Such a *Program* allows individuals to prepare for and ride in emergency/police vehicles with public safety personnel during live incidents and/or emergencies and to such call for service scenes. While participation in the *Program* is a rewarding educational experience, it carries with it risks of harm for which the Town of Gilford, its officials, employees, agents, etc. are unwilling to accept liability. Therefore, participation in the *Program* is conditioned on a full release of liability as set forth below.

In consideration of being permitted to participate in the Program the undersigned:

- 1) Hereby releases, waives, discharges and covenants not to sue the Town of Gilford, its officials, employees, agents, volunteers or representatives (hereinafter, *Releases*) from all liability to the undersigned and his/her representatives, heirs, and successors in interest for any and all loss of damage and any claim of demands therefore on the account of injury to the person or property of the undersigned (whether caused by negligence of the *Releases* or otherwise) while the undersigned is participating in said *Program* to include but not be limited to any presence on/in/near Town or private property, vehicles or equipment in preparation for, as part of, or in association with the *Program*.
- 2) Hereby agrees to indemnify and hold harmless the *Releases* from any loss, injury, liability, damage or cost the undersigned may suffer or cause others to suffer while participating in the *Program*.
- 3) Hereby assumes full responsibility for any risk of bodily injury or property damage to include but not be limited to death, paralysis, brain injury, heart attack, stroke, aneurysm, broken bones, torn ligaments/muscles/tendons, spinal injury, damage to organs, disease, infection and any other physical or emotional injury, medical or psychiatric condition or complication of any kind whatsoever due to any cause (including the negligence of *Releases* or otherwise), etc. while participating in the *Program*.
- 4) Hereby represent and warrants: (a) that he/she acknowledges that participation in the *Program* is dangerous and; therefore, involves the risk of serious bodily and psychiatric injury, death and property damage; (b) that some of the risks of harm include but are not limited to accessing and exiting emergency/police vehicles, travelling in said vehicles at high rates of speed in emergency contexts, collisions, physical activity and exertion, equipment failure, inadequate equipment maintenance, equipment defects, slippery surfaces, obstacles or defects which might cause trips/slips/falls, carelessness and negligence of *Releases* or others in training/supervising/instructing undersigned or others, negligent/illegal operation of equipment or vehicles by *Releases* or others, and any other risk of harm whatsoever that one

might encounter while driving/riding in emergency/police vehicles, preparing for same, or being present at the scenes of incidents/emergencies with emergency/police personnel and others; (c) that he/she has read this *Ride-Along Release and Waiver* carefully and had an opportunity to review it with legal counsel (if so desired); and (d) that he/she is in good health and has no physical condition that prevents him/her from participation in the *Program*.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, 20 ____.

Ride-Along Participant Signature: _____

Parent/Guardian Signature (if juvenile): _____



APPENDIX 3

RIDE-ALONG CONFIDENTIALITY CLAUSE WAIVER

As an approved Gilford Police Department (GPD) ride-along individual, I understand that I may learn of or have access to information (i.e., electronic, written, verbal, etc.) that is of a personal, safety-sensitive or otherwise confidential nature. Such information may include, but not be limited to arrest/incident reports; NCIC/NESPIN/NH.IAC, etc. information; GPD Records Management System information; and/or other law enforcement/police services related information. I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose without the express consent and/or direction of a GPD supervisor unless otherwise required by law.

Further, I agree and understand that I am prohibited from using any law enforcement information for my personal benefit and/or use or for any other non-police services related business and/or purposes.

I agree and understand that my failure to comply with this confidentiality requirement as set forth in this waiver is grounds for immediate suspension from the GPD Ride-Along Program, GPD Police Explorers Program (if applicable) and/or discipline up to and including future termination from any and all GPD events and/or relationships. Additionally, the Town of Gilford may seek other civil and/or criminal sanctions and/or damages as may be allowed by law.

The restrictions of this *Ride-Along Confidentiality Clause Waiver* regarding disclosure and use of information shall continue to apply after termination of acceptance or any other GPD/police services relationships.

I have fully read and understand this *Ride-Along Confidentiality Clause Waiver* and agree to comply with it in every respect.

Ride-Along Participant Signature: _____

Parent/Guardian Signature (if juvenile): _____