Frostburg Police Department



FPD RELEASE FORM

GUIDELINES

The undersigned, participating in the Frostburg Police Department ride-along program will exhibit civil and courteous behavior at all times. Participants will not be allowed to be under the influence of any drugs or alcohol. Participants will not be allowed to carry weapons. Participants will not perform or interfere with police duties; however, in an emergency, they may take appropriate action to protect themselves or others. Participants will follow the direction of all Frostburg Police Department employees while on ride-along assignments.

CONFIDENTIALITY

The undersigned, while participating the Frostburg Police Department's ride-along program agrees to keep confidential and not divulge information or situations that may jeopardize any police investigation or is not public information. This includes criminal justice information, criminal history information, motor vehicle administration information, personal information, and information related to investigations in this or any other jurisdiction. This includes the taking of photographs and posting criminal justice information on social media or similar internet based sites. It is understood that those involved in school and research programs may need to divulge information as part of a project; however, you should do so without divulging any confidential information. For guidance on what may be divulged please consult with a Frostburg Police Supervisor.

WAIVER AND RELEASE

The undersigned, desires to participate in the Frostburg Police Department's ride-along program in order to observe the operations of the Frostburg Police Department. I acknowledge that by doing so I may be exposed to situations involving risk. I am participating in this program voluntarily with no compensation. I further agree to indemnify and hold harmless the Frostburg Police Department and the Mayor and City Council of Frostburg from any and all liability precluding forever any claims, law suits, demands, and damages; whatsoever, involving the Frostburg Police Department, City of Frostburg, and its employees.

| SIGNED X | DATE: |
|-----------|-------|
| | |
| WITNESS X | DATE: |

If a participant is a juvenile, Parents signature is required below, which indicated their permission and approval.

PARENT/GUARDIAN: _____ DATE: _____