Littleton Police Department

2 Kittridge Lane, Littleton, New Hampshire 03561

Business	24-Hour	Fax
603-444-7711	603-444-2422	603-444-1704

Ride-Along Request

Dear Chief:

I would like to ride along on _____, accompanying
Provide date(s) of request

Officer (if applicable) _____ for the following reason:

_____

_____

I have read and signed the release form and I understand the provisions.

Name: _____ Date of Birth:_____

Address: _____

Telephone No. _____ Best Time/Day to Contact:_____

_____ Signed

_____Parent/Guardian (if rider is juvenile)

_ _

FROM: Chief of Police
TO: Operations
Subject: Authorization to Ride
Request is _____ Approved
_____ Disapproved

Observer authorized to ride _____ on _____

in _____ with Officer _____

_____ _____
Chief of Police Date

Officer's Ride-Along Report

Date of Ride: _____ Time of Ride: _____

Officer: _____

Any Comments or Problems:

_____

_____

_____

_____

_____

If this person again requests ride-along permission, should it be granted?
Yes _____ No_____

(If no, explain)

_____

_____

_____

_____

_____

_____ Officer's Signature

Littleton Police Department

2 Kittridge Lane, Littleton, New Hampshire 03561

Business	24-Hour	Fax
603-444-7711	603-444-2422	603-444-1704

Ride-Along Waiver and Release of Liability

I, _____, not being a sworn member, employee, or agent of the Littleton Police Department, have voluntarily requested permission to ride as a guest or observe in a law enforcement vehicle at a time when such vehicle is operated by member(s) of the Littleton Police Department in the performance of their official duties.

I understand that **THE WORK AND ACTIVITIES OF THE LITTLETON POLICE DEPARTMENT ARE INHERENTLY DANGEROUS AND INVOLVE SUBSTANTIAL RISKS TO MY SAFETY**. These include but are not limited to risk of death, personal injury, and/or property damage. I realize that these risks may arise from individuals breaking, attempting to break, or suspected of breaking the law; by the apprehension or attempted apprehension of such individuals; by the operation of motor vehicles driven by such individuals, officers, or others; and by other modes and means too extensive to comprehensively list.

I FREELY ASSUME THE RISK OF ALL DANGEROUS CONDITIONS ASSOCIATED WITH ACCOMPANYING AN OFFICER OF THE LITTLETON POLICE DEPARTMENT.

Furthermore, I understand that if I or my property were injured, damaged, or otherwise compromised, I may have a legal claim against the Littleton Police Department, its employees, or the Town of Littleton, based upon the negligent or intentional acts or omissions of Littleton Police Officers or other employees or agents of the Littleton Police Department.

I HEREBY WAIVE AND RELEASE ALL CLAIMS, SUITS, DEMANDS, AND CAUSES OF ACTION THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINSTRATORS, ESTATE AGENTS, ASSIGNS AND REPRESENTATIVES MIGHT OTHERWISE ASSERT AGAINST THE LITTLETON POLICE DEPARTMENT, ITS EMPLOYEES, OR THE TOWN OF LITTLETON WHICH ARISE AS A RESULT OF MY ASSOCIATION AND ACTIVITIES WITH THE POLICE DEPARTMENT DURING MY ACCOMPANYING OF AN OFFICER OF THE LITTLETON POLICE DEPARTMENT.

I also declare that **I HAVE READ, UNDERSTAND, AND ACCEPT** the terms and conditions of this waiver and release.

_____

Signature Printed Name

_____

(Signature of Parent/Guardian if Signee is Under the Age of 18 Printed Name)

State of New Hampshire, County of _____

Signed and sworn to (or affirmed) before me on the ____ day of _____, _____ by_____(name(s) of person(s) making statement).

_____

(Signature of notarial officer)
(Seal, if any)
Notary Public, State of New Hampshire
My commission expires_____

Littleton Police Department

2 Kittridge Lane, Littleton, New Hampshire 03561

Business	24-Hour	Fax
603-444-7711	603-444-2422	603-444-1704

Ride-Along Rules and Regulations

In addition to a signed Ride-Along Waiver and Release of Liability, those wanting to accompany a member of the Littleton Police Department must agree to the following:

1. Any person seeking authorization for a ride-along agrees that the Littleton Police Department may run a criminal records check prior to the request being approved.

2. Any person authorized to ride-along with a member of the Littleton Police Department **MUST FOLLOW ALL LAWFUL INSTRUCTIONS OR ORDERS GIVEN TO THEM BY MEMBERS OF THE LITTELTON POLICE DEPARTMENT OR OTHER LAW ENFORCEMENT AGENCIES DURING THE TIME THAT PERSON IS PARTICIPATING IN THE RIDE-ALONG** or while accompanying members of the Littleton Police Department in the performance of their work activities.

3. No person authorized to ride-along with a member of the Littleton Police Department may bring a firearm, dangerous weapon, or destructive device during the time he or she is accompanying a member of the Littleton Police Department regardless of his or her status or ability to otherwise lawfully possess or carry such firearm, dangerous weapon, or destructive device.

4. All persons authorized to ride-along with a member of the Littleton Police Department must wear appropriate attire during the ride-along. Business casual or professional attire is preferred but not required. Shoes should enclose the entire foot. Clothing, shoes, and carried articles must not impede emergency exit of a police vehicle or impede a police vehicle's operation.

5. An officer may end the ride-along at any time if he or she feels the performance of his duties is being impaired in any manner by the actions of the accompanying person.

6. The accompanying person may ask to end his or her ride-along at any time by notifying the officer. Note, however, that it may not be possible for the officer to immediately return the accompanying person to the police department. Situations can and often do arise which require officers immediate attention and it is possible one of these will occur after the notification event. Such situations fall under the Ride-Along Waiver and Release of Liability.

I have read the above rules and regulations. I understand and agree to abide by them.

_____

Signature Printed Name

_____

(Signature of Parent/Guardian if Signee is Under the Age of 18 Printed Name)