## University of Maryland, College Park Police Department

| Ride Alor  | ng Consent and Release  | Agreement   |  |
|--|---|---|--|
| I,   | nd Police Department (UMPD) Ride Along I causes including but not limited to, negligates of perpetrators or suspected perpetrators elease, indemnify and hold harmless the Urdemands, and causes of action whatsoever aryland, arising out of or relating in any ma   | ath, or damage to my per<br>program, I voluntarily<br>gence acts, omissions, or<br>or other situations that<br>hiversity of Maryland, the<br>in law or equity, before<br>nner to any loss, damage | rsonal property. In consideration of<br>assume all risks of loss, damage,<br>r misconduct by the UMPD, its<br>may occur on the ride along.<br>e State of Maryland, its officers,<br>any administrative agency or judicia |
| As further consideration of being permitted to participate in<br>Guidelines that I have read online or that may be attached  |   | , familia <mark>rize</mark> myself with   | , and abide by the Program   |
| I further understand and agree that my participation in the constituting employment with the University of Maryland Compensation, health insurance, leave, or any other benef  | or to entitle me to any University employ   |   |  |
| I further understand and agree for the considerations afore employee in the performance of his/her official duties, wh the Ride Along Program.   |   |   |  |
| Further, if during my participation in the Ride Along Proginvestigation of an incident or may be presented in evident as a witness at trial should I be requested to do so. I agree identifiable information of any victims, suspects, arrestees successful investigation of an incident or crime, or the sucpersons prior to notification of next of kin. I further underswebsites, or by any other means, any police-related informunderstand and agree that I will not be permitted in high-r the Temporary Holding Facility, Communications office, or | ce at a trial associated with an incident, I age not to reveal any confidential informations, or witnesses to any incident or arrest, or to cessful prosecution of a suspect; I also will stand and agree that I will not disseminate nation that I hear or observe while I am act isk crime scenes or secure areas of the poli | gree to provide UMPD verification including but not limite to reveal any information and reveal the names of or publish, whether by pively participating in the                                   | with such information and to appear d to, names or other personally in that might jeopardize or impede the seriously injured or deceased rivate conversation, social media e Ride Along Program. I further               |
| I further understand and agree that I will not be permitted with any cell phones or other devices, unless it has been so the Chief prior to the ride along being approved. I underst processing areas with a prisoner. If the officer has a prison it appears the officer will be delayed for an extended period Along may be discontinued.  | pecifically approved by the Ride Along cootand I will not be permitted to follow offic<br>ner, I will be directed to the public entranc   | ordinator, PIO, patrol's been sinto the station with a of the police station to   | oureau commander, or the Office of<br>a prisoner and may not be in arrest<br>wait for the officer in the lobby. If   |
| I declare and affirm that I have read and voluntarily signed older and competent to sign this Consent and Release Agragree with my decision to participate and to all of the term  | eement, or that I have discussed this with r  |   |  |
| Signature of Applicant   | Date  | ANI   |  |
| Signature of Witness   | Witness Name (Printed)  | No. of Parks  | Date   |
| Signature of Parent (If Applicant is under 18 years of age)  | Parent Name (Printed)   | ER  | Date   |
| Officer Providing Ride Along:  | FOR UMPD USE ONLY  ID #:  | Squad:  |  |
| Date of Ride Along:  | Start Time: hrs.  | End Time:   | hrs.   |
| Ride Along Case Number:  | Cruiser #:  |   |  |
| Reviewing Supervisor's Signature:  | Printed Name:   |   | Date: C  |

Program Coordinator's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_