

FARGO POLICE DEPARTMENT RIDE-ALONG GUIDELINES AND INSTRUCTIONS

Please read the following guidelines and review the applicable sections of Fargo Police Department (FPD) Ride-Along Program, Policy 405 before submitting the attached Ride-Along application. Each application shall be considered on a case-by-case basis.

- **To be eligible to participate in the Fargo Police Ride-Along program, you must meet the following requirements:**
 - Be at least 18 years of age
 - Have no felony convictions, convictions for Domestic Violence, or any other offense that would prohibit one from possessing a firearm according to state or federal law.
 - Not be currently on state or federal probation.
 - Not be currently a registered sex offender.
 - Not currently the subject of pending criminal action in municipal, state, or federal court.
 - No prior criminal history that indicates violence, narcotics, or other behavior that may affect the safety of the officer or other member conducting the ride-along.
 - Not currently involved in a pending lawsuit with the City of Fargo.
 - Not currently pursuing a personnel complaint with the Fargo Police Department.
- Applicants shall complete and sign a ride-along waiver form after reading the following rules and shall include a **copy of a valid photo driver's license or state-issued identification card, address, date of birth and telephone number.** Incomplete applications may be denied.
- **Ride-Along participants shall obtain a criminal records check at their own expense prior to applying for participation in the Ride-Along Program.** The results of the background check shall be included with the ride-along application. Criminal history checks shall be obtained electronically through the FBI database at the following website:
 - <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>
- Ride-Along participation involves certain risks of physical injury. Ride-Along participants agree to accept known and unknown dangers possible as a result of participation in the Ride-Along Program.
- Ride-Along participants agree to follow all laws, policies, rules and regulations, and abide by all officer instructions while participating in the Ride-Along Program.
- Ride-Along participants are only allowed a four-hour block every six months. However, exceptions may be made if special circumstances apply in conformity with FPD Ride-Along Program Policy 405.
- Ride-Along participants must indicate the desired time and date in the appropriate space on the application; such requested Ride-Along request shall be not less than 30 days from the date of application.
- FPD may not accommodate requests to ride with specific officers or in specific parts of town.
- Unless approved by the Chief of Police pursuant to Policy 405, Section 405.2, or in the event of an emergency as determined by the officer providing the Ride-Along, participants are prohibited from the use of any electronic device, video recording device or cell phone.
- Ride-Along participants shall respect the privacy and confidentiality of all information learned while participating in the Ride-Along Program. Criminal Justice Information is protected and confidential.

- Approved Ride-Along applicants will be contacted to confirm the status of the Ride-Along request either by phone or by email. Applicants who have not received confirmation from the FPD within 72 hours of the requested date/time shall call 701-241-8175 to confirm Ride-Along status.
- Dress Code: Ride-Along participants shall dress appropriately for the duration of their participation. Applicants shall review and comply with Policy 405, Section 405.2.3.
- Smoking, vaping or the use of other tobacco products is not permitted in any police facility, motor vehicle, or while participating in the Ride-Along Program. Ride-Along participants must follow all lawful instructions provided to them by any member of the FPD.
- Weapons: In accordance with Policy 405, Section 405.2.4, except currently certified law enforcement officers or participants specifically authorized by the Chief of Police, Ride-Along participants shall not possess any firearm or other dangerous weapon during the Ride-Along, regardless of status or ability to otherwise lawfully possess or carry any such firearm or dangerous weapon.
- Ride-Along participants are not insured by the city of Fargo. Applicants understand and agree that any insurance coverage would necessarily be secured through personal insurance and the FPD has no responsibility or liability for any injury during Ride-Along participation.
- Ride-Along participants may be a witness to an event during the course of the Ride-Along, may be subpoenaed, and are expected to testify in court if necessary and appropriate.
- Failure to adhere to these rules and guidelines and all Ride-Along Program Policy directives shall result in the immediate termination of the Ride-Along participation.

Applications can be returned in person, mail, or email to:

Fargo Police Department

105 25th Street North

Fargo, ND 58102

fpdridealong@fargond.gov

If you have any questions, please call 701-241-8175.

RELEASE

Acknowledgement of Danger and Knowing Assumption of the Risk:

I realize that police work can and oftentimes does include many risks of injury to people and damage to property. I further realize that police officers can and do become involved in high-speed vehicle chases, shooting incidents, other violent situations, and a variety of other dangerous situations. I acknowledge that by accompanying a police officer assigned to patrol duties, or other sworn officers or civilian employees of the Fargo Police Department in the performance of their work activities, that my life, property, or safety may be subject to danger or otherwise compromised.

I freely ASSUME THE RISK OF ALL DANGEROUS CONDITIONS associated with my participation in the FPD Ride-Along Program, including but not limited to, being transported in vehicles owned and operated by the FPD and/or any other situation or condition that may be present during the time I am accompanying a sworn officer or civilian employee of the Fargo Police Department.

Waiver of Liability and Indemnification:

In consideration for my participation in the Fargo Police Department Ride-Along Program, on behalf of myself, my personal representative, heirs, next of kin, successors and assigns, I forever:

- Waive, release, and discharge the city of Fargo and its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct and indirect result of my participation in the Ride-Along Program of the Fargo Police Department.
- Defend, indemnify, and hold harmless the city of Fargo, its agencies, officers, and employees from and against any and all claims of any nature including all costs, expenses and attorney's fees which in any manner may result from my actions during my participation in the Ride-Along Program of the Fargo Police Department.

Consent to Medical Treatment:

I hereby consent to receive medical treatment which may be deemed necessary or advised in the event of injury, accident or illness during any participation in the Ride-Along Program.

Authority to Contract:

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

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I UNDERSTAND, ACKNOWLEDGE AND AFFIRM that I am at least 18 years of age and am freely signing this waiver and release, that I have received, read, understand and agree to follow the Ride-Along Program Policy Guidelines and Instructions, that I consent to the required background investigation to be completed by the Fargo Police Department, and that by signing this document I may be giving up legal rights that may be available to me as a result of my participation in the FPD Ride-Along Program.

Dated this _____ day of _____, _____

Signature

Print Your Name

Witness

Emergency Contact Information:

Name: _____

Cell Phone: _____

Relationship: _____

Print Name –Approving Shift Commander

Signature

Date