

**CITY OF SOUTH PORTLAND
POLICE DEPARTMENT**

**POLICE OBSERVER PROGRAM
CONSENT, RELEASE OF LIABILITY, and WAIVER AGREEMENT**

By signing below, I assert that all information I have provided to the South Portland Police Department in requesting to participate in the Police Observer Program is complete, true and accurate. I understand that my participation in this program will include riding in a marked police cruiser with a uniformed police officer who will be responding to police calls for service and performing other routine police duties. I understand that, as an inherent condition of my participation in this program, I may at times be placed in unpredictable situations which may be dangerous, and that there is no duty on the part of the City or any of its officers or employees to protect me from danger above and beyond that duty owed to the general public. By signing below, I assert that I understand and agree to follow terms and conditions for participation in the South Portland Police Department's Police Observer Program:

1. I understand that information learned during the course of police work is confidential, and I agree to maintain that confidentiality by not discussing the information with any person outside of the Police Department.
2. I authorize South Portland Police Department to conduct a check of my background, including but not limited to motor vehicle, criminal history and warrant checks to determine suitability to ride as a police observer. Warrants, felony convictions, and misdemeanor convictions within the preceding year are grounds for denial.
3. I consent to a pat-down search for weapons or contraband before beginning my ride-along as an Observer.
4. I agree to obey the instructions of police officers regarding official police business and operating procedures.
5. I understand that circumstances may arise in which it is necessary to terminate my ride-along observer participation, and I consent that should such circumstances arise, the police officer with whom I am riding may drop me off at any reasonable location.
6. I agree to wear a vest provided by the Police Department when I am outside the cruiser that clearly identifies me as a civilian Observer.
7. I understand that as an Observer I am prohibited from carrying any weapon, including any firearm, whether or not I have a Concealed Weapons permit. I agree to abide by this prohibition.
8. I understand and agree that as an Observer I am prohibited from becoming involved or participating in any police action, unless an officer directly and expressly requests me to do something, in which case I will obey the instructions.
9. On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, discharge, and waive all rights of action against the City of South Portland and its agents and employees which I or my heirs, successors, or assigns have or might have by reason of any personal injury, death, or property damage or loss resulting directly or indirectly from my

participation in the South Portland Police Department's Police Observer Program. I agree that I will never at any future time sue the City for or on account of any damages arising out of my participation in the Police Observer Program.

Name of Observer: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Employer / School: _____

Are you related to any department personnel? (Circle One): Yes / No
If yes, state name and relationship: _____

Have you ever been arrested, summonsed or charged with a crime? (Circle One): Yes / No
If yes, what crime, where and when?: _____
Were you convicted, plead guilty or no contest? (Circle One): Yes / No / N/A

Reason for request to observe: _____

If previous observer, provide most recent date: _____

Date(s) and time(s) available for observation: _____

You will be contacted by the Shift Commander for the shift you have requested to observe. Time is needed for this process to be completed. If you do not hear within 10 days, please call the on-duty Shift Commander at 207-799-5511.

Signature of Observer

Witness

Date: _____

Checks Conducted: _____ SPPD _____ BMV _____ MWM
Attach all that are completed _____ NCIC _____ SBI _____ III

The above request to participate in the Police Observer Program is:

_____ **Approved** (Date Observing and Officer Observing): _____

_____ **Denied** (Reason): _____

Forward any denial to the Chief of Police

Signature of Shift Commander

Date: _____