



Winslow Township Police Department
125 S. Route 73 Braddock, NJ 08037
609-567-0700

LIABILITY RELEASE FORM

(Please Print)

I, the undersigned, (***Parent's Name***) _____ residing
at (***Address***) _____, State of NJ,
being the parent or legal guardian of (***Participant's Name***) _____,
do hereby give my permission for him/her to attend the Winslow Township Junior Police
Academy (WTJPA) and in consideration of allowing him/her to participate in the above mentioned
program.

Voluntarily and knowingly I assume all risks and hazards incidental to such participation and shall
indemnify, save harmless and defend the Winslow Township Junior Police Academy and the Township of
Winslow, its employees, agents, volunteers and others working on behalf of the Township, from and
against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property
loss, expense claims or demands arising out of the APPLICANT'S participation in the WTJPA release and
discharge the Junior Police Academy, Township of Winslow, Camden County, the Winslow Township
Police Department's employees, agents, successors, assigns and all others who may be liable from all

claims, present and future, known or unknown, in any manner arising out of his/her participation in the Junior Police Academy.

I also acknowledge that (*Participant's Name*)_____ has no limiting medical conditions and is fully capable of participating in the program. I appoint the Winslow Township Police Department to act in my place, in the event that (*Participant's Name*) _____ should require medical attention while involved in the Junior Police Academy program. This appointment is for the purpose of securing benefits for the health and welfare of (*Participant's Name*)_____ and expressly includes the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the Township of Winslow for any expense that may be incurred for treatment, care, drugs, and other services for (*Participant's Name*)_____.

In consideration of all above as well as the supervision provided on my behalf and on behalf of (*Participant's Name*)_____. I hereby agree to hold the Winslow Township Police Department, Township of Winslow employees, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of (*Participant's Name*)_____.

I agree that if the above mentioned participant's behavior is such that it endangers the welfare of the entire group, the Township of Winslow and Winslow Township Police Department has my permission to send him/her home.

I agree to allow the Winslow Township Police or Township of Winslow to display pictures/video of my child to be used for future lawful purposes.

Signature of Parent or Guardian

Date

Address

Home Phone

Work or Cell Phone

Subscribed and sworn to before me this _____ day of 20_____.