



**CLINTON TOWNSHIP
JUNIOR POLICE & EMERGENCY SERVICES ACADEMY**

HOLD HARMLESS AGREEMENT

I, the undersigned parent/guardian of _____ residing at
Child's name

_____, State of New Jersey,
Address

do hereby give my son/daughter permission to attend the Clinton Township Police Department Junior Police & Emergency Services Academy and in consideration of allowing him/her to participate in the above named program I voluntarily and knowingly release and discharge the Clinton Township Police Department, Township of Clinton, South Branch Emergency Services and all instructors and participants in this program as well as any 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 Clinton Township Junior Police & Emergency Services Academy program.

I also acknowledge that _____ has no limiting medical
Child's name

conditions and is fully capable of participating in the program.

This Hold Harmless Agreement is a testament to my understanding of the above evidenced by my signature.

Parent/Guardian Signature: _____ Date: _____