



Woodbridge Police Department

Eric C. Ransom Junior Police Academy

LIABILITY WAIVER & SIGN-UP FORM

I _____ hereby give my permission for myself/my child to participate in the Woodbridge Police Department Junior Police Academy, and assume the risk thereof. I do agree for myself/my child at all times to keep the Woodbridge Police Department, the Woodbridge Board of Education, the Woodbridge Municipal Alliance, volunteer or paid personnel and the Township of Woodbridge free, harmless and indemnified from any and all liability for injury I/my child might sustain as the result of said participation and will not hold the Woodbridge Police Department, the Woodbridge Board of Education, volunteer or paid personnel or the Township of Woodbridge responsible for any losses that may occur. I remise, release, acquit, satisfy and forever discharge the Township of Woodbridge, the Woodbridge Township Police Department, the Woodbridge Municipal Alliance, the Woodbridge Board of Education and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my or my child's participation in this activity. Photographs, video and audio recordings of the participant, while participating in a Woodbridge Township Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text to be used by the Woodbridge Police department, the Woodbridge Board of Education, the Woodbridge Municipal Alliance or the Township of Woodbridge.

Parent/Guardian Name: _____ **Signature:** _____

EMERGENCY MEDICAL TREATMENT

As a parent/guardian of _____, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Name: _____ **Signature:** _____

Recruits Information:

Name: _____ DOB: _____ School _____ Grade _____

Allergies/Chronic Illness/Existing injuries or other known medical conditions:

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Home Address: _____

Email (Required): _____

Family Physician: _____ Phone: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION (Indicate Relation)

Name: _____ Phone: _____

Home Address: _____

WEEK PREFERENCE (Please Check 1):

Avenel Middle School - July 08th - July 12th (8:30am-3:00pm) _____

Avenel Middle School - July 15th - July 19th (8:30am-3:00pm) _____

Uniform Shirt Size (**Adult size**): S ___ M ___ L ___ XL ___ (Additional shirts may be purchased for \$10.00 each - Due with the signup fee)

Uniform Shorts Size (**Youth size**): S ___ M ___ L ___ XL ___

Academy Fee: \$100.00 - All payments (check, cash or money order, please note: you will be responsible for bounced check fees) must be mailed with this signed application to:

**Woodbridge Police Department, Attn: Community Affairs,
1 Main Street, Woodbridge, NJ 07095**

Questions, comments or concerns, please call:

Det. Mike Harris (732) 726-2318 (michael.harris@twp.woodbridge.nj.us)

Ofc. Nate Santoni (732) 602-7327 (nathaniel.santoni@twp.woodbridge.nj.us)

Donna Janocko (732) 602-7370 (donna.janocko@twp.woodbridge.nj.us)

