



Edison Police Department Junior Police Academy

cdipalo@edisonpd.org

Liability Waiver and Signup Form

The Edison Police Department will be providing a t-shirt, baseball cap, water bottle and other giveaways to all students who attend the academy. The cost for the week is **\$100.00 (Non-Refundable, check only)**, payable to the Edison Municipal Alliance, 100 Municipal Blvd, Edison, NJ 08817. This training is available to Edison Township School Students in the 6th, 7th and 8th grade as of September 2024. Due to class size limitations, the Junior Police Academy will be on a first come, first served basis. Hours: 9:00 am-2:00 pm. Deadline for signup is Friday, June 28th, 2024.

I (your name)* hereby give my permission for myself/my child to participate in the Edison Police Department Junior Police Academy, and assume the risk thereof. I do agree for myself/my child at all times to keep The Edison Police Department, The Edison Board of Education, the Edison Municipal Alliance, volunteer or paid personnel and the Township of Edison 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 Edison Police Department, The Edison Board

of Education, volunteer or paid personnel or the Township of Edison responsible for any losses that may occur. I remise, release, acquit, satisfy, and forever discharge the Township of Edison, the Edison Police Department, the Edison Municipal Alliance, the Edison 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 an Edison 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 Edison Police Department, The Edison Board of Education, The Edison Municipal Alliance or the Township of Edison. **EMERGENCY MEDICAL TREATMENT:** as a parent/guardian of (child's name)*, 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.

*Signature accepting above statement

Date

Last Name

First Name

M.I.

Birth Date

Ethnicity(optional)

Gender

Email Address

Grade as of
Sept 2024

Location: Woodrow Wilson Middle School
Check One:

Jul 22 - Jul 26

Current Residence Information

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Parent/Guardian Information

Full Name

Cell Phone Number

Emergency Contact 1

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Physician and Medical Information

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Preferred Hospital

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Notes

Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.

Signature

Date