





COUNTY OF BERGEN DEPARTMENT OF PUBLIC SAFETY

BERGEN COUNTY POLICE DEPARTMENT OFFICE OF EMERGENCY MANAGEMENT

285 Campgaw Road • Mahwah, NJ 07430-2598 • (201) 785-5757

Brian Higgins *Chief of Police*

Matthew Tiedemann
County Coordinator

HOLD HARMLESS AGREEMENT AND PARENT/FAMILY INFORMED CONSENT FOR PERSONAL SAFETY CLASS

I/We the undersigned parent/guardian and student hereby agree to the student's participation in the "Personal Safety" Class. We understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage and make this request/informed consent with full knowledge of the possibility of that potential risk. I/We hereby certify that my/our child/dependent is fully capable of participating in the designated activity and that my/our child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity.

As the undersigned parent/guardian, I/we agree to hold the County of Bergen, the Bergen County Police Department, Bergen County Police Office of Emergency Management and other agency volunteers, their agents and personnel involved in this program, harmless from any and all claims, actions, suits, and/or injury that my son/daughter may suffer and which may arise as a result of his/her participation in the above mentioned classes or associated activities.

My child agrees to follow the rules established by the instructors, and to exercise reasonable care while participating in the Personal Safety class. We understand that if he/she fails to follow the instructor's rules and regulations or if he/she fails to exercise reasonable care, he/she can be administratively and summarily removed from the program.

This session is free and purely voluntary and my child may at any time opt out of the training without any repercussions.

I/we consent that photographs, or video tape recordings of our child as participants involved in the Personal Safety class may be used by staff for publications or advertising materials. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

By executing this release we certify that we have read this release in its entirety, understand all of its terms, and have had any questions regarding the release or its effects satisfactorily answered. I/we sign this release freely and voluntarily.







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High School Senior Information:				
Name of High School Senior:				
High School Attended:				
Birth Date:	Age:		Sex: M F	
Signature of High School Senior				
Parent/Guardian's Information:				
Name of Parent/Guardian:				
Home Address of Parent/Guardian: _				
Phone Number:				
Signature of Parent/Guardian		Date		
Emergency Contact Name		Emergency	Emergency Contact Number	