

Barnegat Township Police
900 W Bay Ave
Barnegat, NJ 08005

BARNEGAT TOWNSHIP
POLICE
DEPARTMENT

A REGNATI CONSENSU

KEITH A. GERMAIN
CHIEF OF POLICE

PHONE: 609-698-5000
FAX: 609-698-0271
barnegatpolice.com

**Citizen's Police Academy
Class #1
APPLICATION
September 6, 2018 to November 8, 2018**

Applicant Information:

Name _____ Male or Female

Address _____
House Number, Street, City, State, and Zip

Home Telephone # _____ Cell Telephone # _____

E-mail Address _____

(Please circle appropriate shirt and shorts size)

Polo Shirt size (Adult Size) S M L XL XXL XXXL XXXXL XXXXXL

Emergency Contact Information:

Name _____ Relationship _____

Address _____
House Number and Street, City, State, and Zip

Contact Phone Number(s) _____



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Hold Harmless Agreement

I, the undersigned individual, residing at _____,
Barnegat Township, do hereby wish to attend the Barnegat Township
Citizens Police Academy. In consideration of my participation in the above
named program I voluntarily and knowingly release and discharge the
Barnegat Township Police Department Citizens Police Academy and all the
instructors and participants in this program as well as all others who may
be liable from all claims, present and future, known or unknown, in any
matter arising out of his/her participation in the Citizens Police Academy.

I also acknowledge that I have no limited medical conditions and I am fully
capable of participating in the program. This Hold Harmless Agreement is a
testament to my understanding to the above and evidenced by my
signature.

By signing this agreement I also give the Barnegat Township Police
Department permission to take pictures of the attending participants during
events of the Academy for the purpose of memorializing this program.
Pictures will be taken, in part, for a class picture, social media updates, and
released to the media outlets that provide coverage of the events.

Signature _____ Date _____

Print Name _____



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Citizens Police Academy

-Release Authorization-

Participant Release & Consent Form
Publication of Photography, Video, Voice, Image and Name

Print: Participant's Legal Name

This form applies to participants who may be photographed or filmed during one or more activities of the Barnegat Township Citizens Police Academy. Appropriate signatures on this form will permit and allow the publication of the photographs, videos, images and names of the recruits, students and / or participants' and the same to be used by the Barnegat Township Citizens Police Academy for the purposes of promotion, including but not limited to newspapers, television, social media (i.e. Barnegat Township Police Department Facebook Page)

I hereby grant and authorize the Barnegat Township Citizens Police Academy and their affiliates to use and / or publish the following information:

- My Name
- My Photo
- Any Video/Audio
- E-mail address
- My Phone number
- My Mailing address
- Other

We hereby assign and grant to the Barnegat Township Citizens Police Academy and their affiliates the right and permission to use and /or publish the above, and I hereby release the Barnegat Township Citizens Police Academy and their affiliates and hold them harmless from any and all liability and give up any and all claims and rights from such use, publication and the like.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of the above, without limitation, and at the discretion of the Barnegat Township Citizens Police Academy, and I specifically waive any right to any compensation, payment or royalties we may have for any of the foregoing.

I understand and agree to the terms of this release and Consent Form.

Participant signature: _____ Date: _____

(Participants) Name: _____

