

## HOLD HARMLESS AGREEMENT

I, the undersigned \_\_\_\_\_ residing at  
Applicant  
\_\_\_\_\_, State of New Jersey,  
Address

Will attend the Clinton Township Police Department Adult Police Academy and in consideration of allowing myself to participate in the above named program I voluntarily and knowingly release and discharge the Clinton Township Police Department, Township of Clinton, 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 Adult Police Academy program.

I also acknowledge that I have no limiting medical conditions and am fully capable of participating in the program. Note: there will be no physical fitness activities during this class.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_