



Warren Police Department

Chief Peter Achilli

WAIVER OF LIABILITY

The undersigned, for and in consideration of being given the opportunity to observe police operations, functions, and other activities of the Warren Police Department and recognizing and assuming any and all risks pertaining thereto, wheresoever located, hereby releases for himself/herself, his/her heirs, dependents and assigns the Town of Warren, its officials, officers, employees, and all other personnel of the Town of Warren from any and all liability whatsoever for any injuries, damages, and claims that may arise out of his/her observation, participation, and engagement in police operations, functions and other activities of the Warren Police Department.

| | | |
|--|---------------------------------|-------|
| _____ | _____ | |
| Print Name of Participant | Print Name of Parent (if minor) | |
| _____ | _____ | |
| Street Address/City State | Phone # | |
| _____ | _____ | |
| License State/Number | DOB | email |
| _____ | _____ | _____ |
| Signature of Participant | Signature of Parent (if minor) | |
| _____ | _____ | |
| Signature of Chief of Police (or Designee) | Date/Time of Participation | |

Subscribed and sworn to before me this _____ day of _____, 2016.

Signature of Notary Public

Notary Stamp