

LOWER MERION TOWNSHIP LIABILITY RELEASE AND PERMISSION FORM FOR ADULT PARTICIPANTS

The Lower Merion Township Police Department is sponsoring a “ride along” and other modified training modules as part of the **Internship Program**. All participants must sign this liability release and permission form and submit the executed form to the Township representative before they participate in the program.

I, the undersigned participant, voluntarily agree to participate in this program, and that I understand and assume all of the risks of my participation in the Internship Program.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program could involve a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent injury and/or death.

I understand that no health and/or accident insurance are provided for the program participants and I accept full responsibility for obtaining the same and for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in the Citizens Police Academy, and of my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge Lower Merion Township, and its successors, and assigns, directors, officers, members, agents and representatives and employees of the police department, and their heirs, executors, administrators, and assigns, from any and all manner of actions, causes of actions, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Lower Merion Township, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program.

I agree that Lower Merion Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for action of conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant Lower Merion Township and any of its directors, officer, members, agents, and other representatives of the police department, full authority to take whatever action they consider to be warranted regarding my health safety, and I fully release all of them from any liability for such action taken on my behalf.

I have signed this waiver and release on the _____ day of _____, 20 _____.

Signature of Participant: _____

Print Name: _____