

LIABILITY RELEASE FORM
Operation Safe Return

On this _____ day of _____, 201____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless the Sayreville Police Department, and any of its employees or agents representing or related to the Sayreville Police Department. This release is for any and all liability for obtaining, maintaining and retaining pertinent identification data and a photographic image of _____, in connection with the registration and photographing of your special needs students by the Sayreville Police Department.

Student name (please print) Date Signed

Signature of Parent/Guardian (if under 18)