



Roy Borges
Chief of Police

Town of Warren

POLICE DEPARTMENT
ONE JOYCE STREET
WARREN, RHODE ISLAND 02885-3232
(401) 245-1311 FAX (401) 247-0091



LIABILITY/RELEASE FORM

To Whom it May Concern,

I, _____, DOB: _____
(print full name)

Of _____
(complete address)

do hereby release and forever discharge the Town of Warren, its agents and servants, including all members of the Warren Police Department, their heirs, executors, and administrators from all claims, demands, actions, both in law and equity, or especially all claims of any physical or mental injury or discomfort or accidental death arising out of, participating in, taking part in, being allowed in, take the Warren Police Department Fitness Test. It is completely understood that I am taking the above mentioned action of my own free will.

(Signature)

Sworn and subscribed before me this _____ day of _____
(month) (year)

in _____, Rhode Island.

Signature: _____
(Notary Public)

My Commission expires _____ / _____ / _____

(Raised seal or original stamp)

"The Town of Warren is an equal opportunity provider and employer."