

NAME _____
(Please Print)

SOCIAL SECURITY # _____

WAIVER OF LIABILITY

I, _____, do hereby hold harmless

Montgomery Township and/or the Montgomery Township Department of Police Services for any injuries I may suffer during or as a consequence of my participation in the physical assessment to be given on a date to be determined by or on behalf of the Department of Police Services.

Signature _____

this _____ day of _____, 20____