

Barnegat Township Police  
900 W Bay Ave  
Barnegat, NJ 08005

BARNEGAT TOWNSHIP  
**POLICE**  
DEPARTMENT  
**A REGNATI CONSENSU**  
KEITH A. GERMAIN  
CHIEF OF POLICE

PHONE: 609-698-5000  
FAX: 609-698-0271  
barnegatpolice.com

**Civilian Police Academy**  
**Class #2**  
**APPLICATION**  
**March 27, 2019 to May 29, 2019**

**Applicant Information:**

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
House Number, Street, City, State, and Zip

Home Telephone # \_\_\_\_\_ Cell Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

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*(Please circle appropriate shirt and shorts size)*

Polo Shirt size (Adult Size) S M L XL XXL XXXL XXXXL XXXXXL

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
House Number and Street, City, State, and Zip

Contact Phone Number(s) \_\_\_\_\_



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### **Hold Harmless Agreement**

I, the undersigned individual, residing at \_\_\_\_\_,  
Barnegat Township, do hereby wish to attend the Barnegat Township  
Civilian Police Academy. In consideration of my participation in the above  
named program I voluntarily and knowingly release and discharge the  
Barnegat Township Police Department Civilian Police Academy and all the  
instructors and participants in this program as well as all others who may  
be liable from all claims, present and future, known or unknown, in any  
matter arising out of his/her participation in the Civilian Police Academy.

I also acknowledge that I have no limited medical conditions and I am fully  
capable of participating in the program. This Hold Harmless Agreement is a  
testament to my understanding to the above and evidenced by my  
signature.

By signing this agreement I also give the Barnegat Township Police  
Department permission to take pictures of the attending participants during  
events of the Academy for the purpose of memorializing this program.  
Pictures will be taken, in part, for a class picture, social media updates, and  
released to the media outlets that provide coverage of the events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



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CHIEF OF POLICE

## Civilian Police Academy

### -Release Authorization-

Participant Release & Consent Form  
Publication of Photography, Video, Voice, Image and Name

**Print:** Participant's Legal Name

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This form applies to participants who may be photographed or filmed during one or more activities of the Barnegat Township Civilian Police Academy. Appropriate signatures on this form will permit and allow the publication of the photographs, videos, images and names of the recruits, students and / or participants' and the same to be used by the Barnegat Township Civilian Police Academy for the purposes of promotion, including but not limited to newspapers, television, social media (i.e. Barnegat Township Police Department Facebook Page)

I hereby grant and authorize the Barnegat Township Civilian Police Academy and their affiliates to use and / or publish the following information:

- My Name
- My Photo
- Any Video/Audio
- E-mail address
- My Phone number
- My Mailing address
- Other

We hereby assign and grant to the Barnegat Township Civilian Police Academy and their affiliates the right and permission to use and /or publish the above, and I hereby release the Barnegat Township Civilian Police Academy and their affiliates and hold them harmless from any and all liability and give up any and all claims and rights from such use, publication and the like.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of the above, without limitation, and at the discretion of the Barnegat Township Civilian Police Academy, and I specifically waive any right to any compensation, payment or royalties we may have for any of the foregoing.

I understand and agree to the terms of this release and Consent Form.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participants) Name: \_\_\_\_\_

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