



Captain Ian S. Bucs
Director of Public Safety

Willingboro Township Police Department

Honor • Integrity • Commitment

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WILLINGBORO POLICE DEPARTMENT LIABILITY WAIVER AND RELEASE FORM

Open Mat Law Enforcement Grappling Sessions

Participant Information:

- Name: _____
- Department & Rank: _____
- Contact Number: _____
- Emergency Contact and Number: _____

Waiver and Release of Liability:

I, the undersigned, acknowledge and agree to the following:

1. Voluntary Participation:

I understand that my participation in the open mat law enforcement grappling sessions is voluntary. I am participating at my own risk.

2. Assumption of Risk:

I am aware that grappling involves physical contact and can be inherently dangerous. Risks include, but are not limited to, bruises, strains, sprains, fractures, concussions, and other serious injuries. I voluntarily assume all risks associated with participation in these sessions.

3. Medical Fitness:

I certify that I am physically fit and have no medical condition that would prevent my participation in the grappling sessions. I have consulted with a medical professional regarding my fitness to participate if necessary.

4. Release and Waiver:

In consideration of being allowed to participate in the grappling sessions, I hereby release, waive, and discharge the Willingboro Police Department, its officers, agents, employees, and representatives from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in the grappling sessions or while on the premises where the sessions are conducted.

5. Indemnification:

I agree to indemnify and hold harmless the Willingboro Police Department, its officers, agents, employees, and representatives from any and all costs, expenses, damages, and liabilities, including attorney’s fees, arising out of or related to my participation in the grappling sessions.

6. Medical Treatment:

In the event of an emergency, I consent to receive medical treatment deemed necessary by the organizers or medical personnel. I agree to be responsible for any costs associated with such treatment.

I have read this Waiver and Release of Liability, fully understand its terms, and sign it voluntarily and with full knowledge of its significance.

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____