



## MONTGOMERY TOWNSHIP POLICE DEPARTMENT

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J. Scott Bendig  
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936  
215-362-2301 • Fax 215-362-6383

### D.A.R.E. PROGRAM REGISTRATION

#### STUDENTS INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE#: \_\_\_\_\_





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## MONTGOMERY TOWNSHIP LIABILITY RELEASE AND PERMISSION FORM FOR MINOR PARTICIPANTS IN A COMMUNITY SERVICE PROGRAM PROGRAM: DARE

All minor participants and their parents or guardians must sign this liability release and permission form and submit the completed form to the Township representatives before they participate as a Montgomery Township Community Service Program participant.

I, the parent/guardian of the undersigned participant grant my permission for him/her to participate in the Montgomery Township Community Service program and that both of us understand and assume all of the risks of his/her participation.

We, the undersigned, certify that the participant is in good health and is able to participate in such program and we hereby acknowledge that participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

We understand that no health, and/or accident insurance is provided for program participants and I, the undersigned parent or guardian of the participant, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

**NOW THEREFORE**, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the undersigned's participation therein, we do hereby, for ourselves, our heirs, executors, administrators, and assigns forever remise, release and discharge Montgomery Township, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which we or our legal representative may have or may acquire against Montgomery Township, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any other personal property belonging to us, which may occur during or by reason of the undersigned participant's participation in this program.

We agree that Montgomery Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the undersigned participant's participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as whole.

We hereby grant Montgomery Township and any of its directors, officers, members, agents, and other representatives of the Township, full authority to take whatever action they consider to be warranted regarding the undersigned participant's health and safety, and we fully release all of the from any liability for such actions taken on our behalf.

We have signed this waiver and release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Print Name of Parent and/or Guardian: \_\_\_\_\_

Signature of Parent and/or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_