

COUNTY OF SUFFOLK
NEW YORK



POLICE DEPARTMENT

GERALDINE HART
POLICE COMMISSIONER

TO ALL WHOM THESE PRESENTS SHALL COME OR MAY CONCERN, GREETING:

Know Ye, That I am the legal guardian or custodial parent of, _____
_____/_____/_____ Residing at _____ and that I am aware that my child is
about to take part in the Suffolk County Police Department's "Crash Course in Crash Avoidance for Teens"; and that
he/she will be exposed to heightened risk conditions, including but not limited to, riding as a passenger in police emergency
vehicles operated at the Emergency Vehicle Operation Course (EVOC) in Westhampton, under high speed and adverse
conditions similar to those encountered by active Police Officer trainees, and

That neither I, nor my child, have knowledge of any medical condition that would preclude his/her participation in
these heightened risk activities: and that

I give my permission to my child to participate in the Suffolk County Police Department's "Crash Course
In Crash Avoidance for Teens", and

Now, therefore, in consideration of the permission extended to me and my child by the County of Suffolk, through its officers and
agents to participate in the "Crash Course in Crash Avoidance for Teens", do hereby, for my child, myself, my heirs, executors
and administrators and assigns, release, hold harmless and forever discharge the county of Suffolk and all of its officers, agents
and employees, acting officially or otherwise, from any and all claims whatsoever, demands, actions or causes of actions on
account of my child's death, or on account of any injury to my child or his/her property which may occur from any cause whatsoever
during said participation as well as all operations incident thereto and I and/or my child further covenant not to sue the County of
Suffolk, the Suffolk County Police Department or any of its employees, officers or agents with respect to the aforesaid participation.
Further, I and my child grant full permission to use any photographs, videotapes, motion pictures, recordings or other records of this
event for any legal purposes whatsoever.

This release may not be changed orally.

IN WITNESS WHEREOF, I have hereunto knowingly and voluntarily signed this release after reading it carefully, the
_____ day of _____, 20____.

Signature: _____ Print Name: _____

Participant

Participant

Signature: _____ Print Name: _____

Parent/Guardian

Parent/Guardian

Original retained at Suffolk County Police Academy until two years after Participant turns 21



ACCREDITED LAW ENFORCEMENT AGENCY
Visit us online at: www.suffolkpd.org
Crime Stoppers Confidential Tip Hotline: 1-800-220-TIPS
Non-Emergencies Requiring Police Response - Dial: (631) 852-COPS
30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-6000

