



# Youth Leadership Academy HOLD HARMLESS AGREEMENT

I, the undersigned parent/guardian of \_\_\_\_\_  
residing at \_\_\_\_\_

do hereby give my son/daughter permission to attend the Youth Leadership Academy and in consideration of allowing him/her to participate in the above named program, I voluntarily and knowingly release and discharge the Youth Leadership Academy, The Hillsdale Police Department, ALL Pascack Valley Regional School District schools and staff and all instructors, participants in this program as well as all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Youth Leadership Academy.

I also authorize the Hillsdale Police Department including ANY of its employees or agents to render any and all emergency assistance to my child in the event the same is needed.

I acknowledge that (child's name) \_\_\_\_\_  
has no LIMITING medical conditions and is fully capable of participating in the program or has the following medical conditions in which case I agree to provide a note from a licensed physician indicating which activities my child may or may not participate in. This HOLD HARMLESS AGREEMENT is a testament to my understanding of the above evidenced by my signature.

List ANY medical conditions which the child may suffer from that could limit his/her participation in physical activities.

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DEPARTMENT OF POLICE  
BOROUGH OF HILLSDALE



380 Hillsdale Avenue  
Hillsdale, New Jersey 07642  
Headquarters: 201-664-4200

ROBERT FRANCAVIGLIA  
CHIEF OF POLICE

Fax: 201-666-4503  
[www.hillsdalepolice.com](http://www.hillsdalepolice.com)

**Social Media**

Also, I hereby agree that the Hillsdale Police Department may use and/or record on film, tape or otherwise your child, likeness, image his/her voice; his/her on-camera interview(s) and performance and any other material provided by him/her (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that Hillsdale Police Department Youth Leadership Academy shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the Hillsdale Police Department.

**SIGNATURE REQUIRED**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_