

BOROUGH OF STONE HARBOR
STONE HARBOR, NEW JERSEY

LIFEGUARD TRIALS
LIABILITY RELEASE FORM

I, _____, have agreed to participate in the Stone Harbor Lifeguard Trials on _____. I have verified my age by showing proper identification indicating that I am at least sixteen (16) years of age. I hereby release the Borough of Stone Harbor, its agents, servants and employees from all liability and damages arising out of any injury or loss sustained by me during this tryout. I verify that I do not know of any pre-existing physical or mental conditions that I might have, which may affect my ability to participate in this tryout.

Signature of applicant

Date of Birth

Parent or Guardian Signature
(if applicant under 18 yrs.)

Today's Date

Address

Type of Identification

City, State, Zip

Identification Number

Witness Title