





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