

**WEST WINDSOR TOWNSHIP POLICE DEPARTMENT  
YOUTH ACADEMY  
PHOTOGRAPHS CONSENT, WAIVER, AND RELEASE**

I CONSENT AND GIVE PERMISSION TO THE West Windsor Township Police Department to photograph my child in connection with the West Windsor Township Police Department Youth Academy. I understand that any such photographs, and all rights associated with them, will belong solely and exclusively to the West Windsor Township Police Department, which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet. I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, the West Windsor Township Police Department, its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use. **I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND VOLUNTARILY.**

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Printed Child Name (First, Last)

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Printed Parent Name (First, Last) Parental Signature Date