In consideration of the New Jersey Division of State Police allowing me to participate in the Trooper Youth Week Program at the NJSP Academy, I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages or loss to my person and/or property that may be caused by any act, or failure to act, of the New Jersey Division of State Police, its officers, agents, employees or recruits. I assume the risk of any and all dangerous conditions in and about the training area and Academy property and waive any and all specific notice of the existence of such conditions.

My participation in the Trooper Youth Week Program is purely voluntary and done at my own risk. I expressly acknowledge that there is some risk in participating in law enforcement training exercises. Knowing that some risk exists, I nevertheless voluntarily assume all risks of loss, damage or injury that may be sustained while participating in these exercises even though they may arise out of the negligence of the persons or entities listed above. I agree to accept and abide by the rules and regulations as established by the New Jersey Division of State Police and to obey the directions of the designated training officers.

I have read and understand the contents of this WAIVER AND RELEASE and I am signing voluntarily.

THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED.

Participant Print Name	Participant Signature
Parent/Guardian Print Name	Parent/Guardian Signature