



Fair Lawn Police Department

8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410
(201) 796-1400

SAFE CALL

AT RISK RESIDENT IDENTIFICATION PROGRAM

Hold Harmless Agreement

I, the undersigned parent/guardian of _____

age _____ residing at _____ do hereby give my son/daughter/at-risk person permission to participate in the **SAFE CALL At Risk Resident Identification Program**. (hereinafter, "Safe Call"), an advocacy program implemented by the Fair Lawn Police Department to build on its existing relationship alongside people with special needs and their loved ones. The purpose of the program is to help caregivers and individuals whom are adversely affected by a disability to enhance the quality of search and rescue response and interactions with members of law enforcement. The program provides educational resources and training that helps create a trusting and safe relationship with Fair Lawn's special needs community. I understand that participation in the program comes with certain risks and I agree to hold the Borough of Fair Lawn, each of its officers, governing bodies, agents, employees, personnel and volunteers harmless from any and all claims, actions or suits for any damage or injury that I may suffer or which may arise, as a result of

participant's name _____ in Safe Call. *Initials* _____

I authorize the Fair Lawn Police Department including any of its employees or agents to render any and all emergency assistance to my son/daughter/at-risk person in the event it is needed. This includes any Emergency Medical Service providers contacted by the Fair Lawn Police Department to provide emergency care, assistance and/or transportation to a Hospital Emergency Department. *Initials* _____

I understand that Safe Call has been created to provide an additional layer of assistance for our special needs population and participation is voluntary. *Initials* _____

The applicant's parent and/or legal guardian is responsible for completing any and all information related to Safe Call and is responsible to notify the Fair Lawn Police Department with any updated information regarding the participant. *Initials* _____

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I HEREBY ACKNOWLEDGE AND AFFIRM:

I HEREBY GRANT PERMISSION FOR THE ABOVE INDIVIDUAL TO PARTICIPATE IN THE **SAFE CALL AT RISK RESIDENT IDENTIFICATION PROGRAM** AS HAS BEEN DESCRIBED AND HEREBY GIVE MY PERMISSION FOR ANY AND ALL MEDICAL ATTENTION NECESSARY TO BE ADMINISTERED TO THE ABOVE INDIVIDUAL IN THE EVENT OF AN ACCIDENT, INJURY OR SICKNESS.

Parent/Legal Guardian Signature _____ Date _____

Email _____ Tel # _____

SEND COMPLETED FORM TO CP@FAIRLAWNPD.COM