



**WHITEMARSH TOWNSHIP
POLICE DEPARTMENT**
616 GERMANTOWN PIKE
LAFAYETTE HILL, PA 19444-1821
BUSINESS: 610-825-6530 • FAX: 610-825-5078

WAIVER

In consideration of the granting of my request to be permitted to come upon the property or into any building or jurisdiction of the WHITEMARSH TOWNSHIP POLICE DEPARTMENT in the Commonwealth of Pennsylvania under control and supervision of the Chief of Police or designee, I do hereby waive all rights and claims, and release and exempt the members, employees, and agents of the aforementioned agency from any and all rights and claims for injuries, accidents, sickness, death, and damages of whatsoever nature sustained, whether to my person or to my property, which may raise by reason of my presence upon the property or in any building or jurisdiction, primary or concurrent, of the WHITEMARSH TOWNSHIP POLICE DEPARTMENT, whether due to acts of God, accident, or negligence (including gross negligence) on the part of the WHITEMARSH TOWNSHIP POLICE DEPARTMENT, or any or all members, or agents of the aforementioned agency, whether such members are acting in their official capacity or in an individual capacity or within or without the scope of their employment.

Being at most a licensee, I undertake to assume the risk of all dangerous conditions in or about the properties of the WHITEMARSH TOWNSHIP POLICE DEPARTMENT which dangerous conditions I realize can, may and do exist and thereby waive notice of the existence of any such dangerous conditions.

I represent that at the signing and sealing of this waiver, I am of lawful age and legally competent to execute the same and, before signing and sealing it, I have informed myself of its content and execute it with full knowledge and understanding thereof. If not of legal age, my legal guardian has signed this waiver for me.

Name

Address

City State Zip

Phone# Date

Witness Date