



WALL TOWNSHIP POLICE DEPARTMENT



Applicant Waiver Form

Applicant Name: _____

Acknowledgement of Receipt of Waiver

I hereby absolve and release the Wall Township Police Department, it's members, the Township of Wall, the Wall Township Board of Education, from any injuries, damages to personal property or loss due to damage or theft of personal property that I may receive or incur during my participation in the Wall Township Police Department Applicant Physical Fitness Test, which is being conducted for the position of Patrolman in the Wall Township Police Department.

Applicant Signature: _____ Date _____