



ATLANTIC CITY BEACH PATROL

1301 Bacharach Boulevard
Atlantic City, New Jersey 08401
Phone: (609) 347-5304
Fax: (609) 347-5294

WAIVER AND RELEASE

WHEREAS the undersigned, hereinafter “**CANDIDATE**”, is interested in qualifying for a positions on the Atlantic City Beach Patrol; and

WHEREAS, the **CITY OF ATLANTIC CITY**, hereinafter “**CITY**”, is a Municipal Corporation and Body Politic of the State of New Jersey; and

WHEREAS, the **CITY** operates the **Atlantic City Beach Patrol**;

THEREFORE, the undersigned, voluntary, and without coercion, upon receipt of good and valuable consideration, receipt of which is hereby acknowledged, hereby waive all claims for damages or loss to my person and property, which may be caused by any act, or failure to act of the **CITY, BEACH PATROL**, and/or **STATE**, its officers, agents or employees. I assume the risk of all dangerous conditions in and about the beach and surf and waive any and all special notice of the existence of such conditions.

I have read this waiver, I understand its terms, and I sign it voluntarily and without coercion.

Candidate Signature

Candidate Name (Please Print)

Address

Date

Parent/Guardian Signature (if applicant under 18)