



Please submit completed form to:
Bergen County Sheriff's Office
Community Outreach Unit
10 Main Street
Hackensack, NJ 07601

Bergen County Sheriff's Office

160 South River Street Hackensack, New Jersey 07601
PHONE 201-527-3000 FAX 201-527-3035

BERGEN COUNTY JAIL RELEASE FORM

I RELEASE the Bergen County Correctional Facility and the agents, officers and the employees of the Bergen County Sheriff's Office and the County of Bergen from and against any and all claims, damages, liabilities, costs and expenses which I may have at any time, including but not limited to, for invasion of privacy, defamation, personal injury or death, property damage or destruction, or any other cause of action arising out of my visit to said facility on _____.

X _____
Signature of Adult Attendee

Print Name of Adult Attendee

AND/OR

I REPRESENT that I am the custodial parent or legal guardian of the named minor attendee. I CONSENT to the terms of this Release Form.

Name of Minor Attendee

X _____
Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date