

Lodi Police Department Safe Return Program

Release Authorization Form

I, _____ for myself and on behalf of the registrant named in the attached registration form, do hereby authorize the Lodi Police Department and their Safe Return Program to release the attached information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Lodi Police Department and the Borough Of Lodi, its affiliates, their respective employees, dispatchers, officers and administrators from any and all claims (Other than willful misconduct) arising out of participation in the Lodi Police Department Safe Return Program or the release of the attached information.

Furthermore, I hereby represent and warrant to the Lodi Police Department that I have full power and authority as the duly authorized representative of the registrant as attached, to register and act on his or her behalf.

Contact Signature _____

Date _____

Witness (Officer) _____

Date _____

