



**RELEASE FROM LIABILITY and MEDICAL CARE**  
COUNTY COLLEGE OF MORRIS  
DEPARTMENT OF PUBLIC SAFETY

Date: \_\_\_\_\_

Victim's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

CCM Id# \_\_\_\_\_ DOB \_\_\_\_\_ Juvenile Y/N

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Student  Employee  Visitor  Other \_\_\_\_\_

I hereby certify that on the above date, against the advice of the Public Safety officer in attendance and /or the College administration, I declined:

\_\_\_\_\_ First Aid assistance by members of the Department of Public Safety, for my injuries or illness, and/or

\_\_\_\_\_ Transportation to the hospital via an ambulance and / or

\_\_\_\_\_ Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

I hereby release the Department of Public Safety, the County College of Morris and its employees from any liability whatsoever and from any ill effects that may result from my refusal of such services.

Signature: \_\_\_\_\_

Signature of guardian/person responsible  
if victim is under 18 years old: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_