



# AURORA POLICE DEPARTMENT

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## S.N.A.P.P. RELEASE FORM (Special Needs Aurora Police Program)

I represent that I, \_\_\_\_\_ am of legal age and capacity and that I represent \_\_\_\_\_ as the parent or legal guardian (copy of 'letter of office' attached as applicable) and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve \_\_\_\_\_. I, therefore and on behalf of \_\_\_\_\_ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving \_\_\_\_\_. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve \_\_\_\_\_. I acknowledge that by providing this information for the purpose stated above that \_\_\_\_\_ is not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree to keep this information current and acknowledge that the information provided becomes the property of the Aurora Police Department for the purpose stated above. I further for \_\_\_\_\_, his/her heirs, executors, administrators, personnel representatives and assigns, waive and release any and all rights, claims and causes of action arising from participation in S.N.A.P.P which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving \_\_\_\_\_. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between \_\_\_\_\_ and those police, fire and emergency response agencies involving \_\_\_\_\_ and that the aforementioned police, fire and emergency response agencies do not waive or limit defense or immunity available to them by law.

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_