



LIABILITY AND PHOTO RELEASE FORM

200 Lincoln Avenue, Salinas, CA 93901

Full Name: _____

Cell /Home Phone Number: _____ / _____

Email Address: _____

PARENT OR GUARDIAN INFORMATION:

Full Name: _____ Relationship to Youth: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____

Permission to participate in the above program sponsored by the City of Salinas is given for myself and/or my minor child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless and release the City of Salinas, its agents and employees, for any and all liability for injury suffered by myself or my child arising from or connected with this program, and I assume all risk for any injuries received. It is understood that the City of Salinas provides no medical insurance for injuries and that the cost thereof will be at my expense.

PHOTO POLICY

I hereby authorize and give consent to the City of Salinas, its successors and assigns, to copyright, publish and display all photographs and videos taken by them in which I or my son/daughter appears. It is further agreed that the City may use, or cause to be used, my photographs or image for any and all exhibitions, public displays, publications, flyers, brochures, commercial art and advertising purposes without limitation or reservation or any compensations.

DATE: _____ PRINT NAME: _____

SIGNATURE: _____ WITNESS (STAFF) _____