

## Liability Release

I authorize my child to participate in the Youth Volunteer Council of Brigham City. I understand volunteering contains certain dangers and inherent risks. Knowing these risks, I believe that the benefits of my child's participation in the Youth Volunteer Council outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Brigham City Corporation and its agents and employees from all claims arising from known, reasonable and/or inherent risks associated with my child's participation.

## Photo Image Release

I hereby consent to allow my child's picture or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Volunteer Center/Leisure Services Department in any manner incidental to his/her participation in the Youth Volunteer Council, without compensation to me.

Participants Name(s): \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_