**PUBLICITY RELEASE FORM**

I hereby grant full permission to the AGENCY NAME and its representatives to use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them.

I acknowledge that AGENCY NAME owns all rights to the images and recordings in any medium, including but not limited to, print media and electronic media (including websites, social media, etc.).

I hereby waive any right to inspect or approve the use of the images or recordings. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, waive, forever discharge, and covenant not to sue AGENCY NAME, its board of directors, or employees acting on behalf of AGENCY NAME from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distri­bution.

**COVID-19 LIABILITY RELEASE**

COVID-19 has been declared a worldwide pandemic by the World Health Organization and is reported to be extremely contagious. AGENCY NAME cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in AGENCY NAME events. Therefore, if you choose to participate in AGENCY NAME events and/or enter onto AGENCY NAME premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

I hereby attest I read and understand the above warning concerning COVID-19 and choose to accept the risk of contracting COVID-19 for myself in order to participate in AGENCY NAME events and on AGENCY NAME premises.

I hereby release and waive my right to bring suit against AGENCY NAME and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19.

**LIABILITY RELEASE**

Those working with AGENCY NAME to perform volunteer services in connection with various types of community service activities, hereby releases and discharges AGENCY NAME and its directors, officers, employees, partners or agents from any and all liability or responsibility for any accident or injury or injury to person or property which may occur during the course of such community service activities, except for any liability or responsibility resulting from the gross negligence or willful misconduct.

AGENCY NAME shall indemnify and hold harmless parties from and against any damage, claim, loss, liability or expense incurred in connection with or arising out of any accident or injury to person or property which may occur during such service activities, except for any damage, claim, loss, liability or expense resulting from the gross negligence or willful misconduct.

**I hereby acknowledge that this consent, waiver, indemnity, release and covenant not to sue is binding on me, my heirs, execu­tors, administrators and assigns.**

**I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, release, and covenant not to sue.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address -City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a person under the age of 18 years old, and I consent to the terms of the release set forth above.

Parent or Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_