



Waiver and Model Release Form

For good and valuable consideration hereby acknowledged, including but not limited to my ability to participate in the Youth Summit hosted by Fargo Cass Public Health, I hereby grant the City of Fargo, Fargo Cass Public Health, its affiliates and assigns (collectively "City"), permission to use my name, written letters or notes, voice, photographic images, including but not limited to portraits or pictures (motion or still) (hereinafter the "Work") for editorial or advertising purposes, fundraising, publicity, promotion, trade, or for any lawful purpose whatsoever, in any and all forms and manners, including but not limited to, news releases, websites, social media, photographs, videos, marketing and exhibition, all for an indefinite period of time.

I acknowledge that the City owns and will retain all rights to the Work. I waive the right to inspect, examine, or approve the content of the Work.

I understand and agree that my participation is at my own risk, and I agree to hold the City harmless from any and all claims, demands, damages, and liabilities arising out of, or in connection with my participation and the use of the Work. I further agree that I am assuming all risks with transmission of COVID-19 due to my participation in the Youth Summit activities.

I attest that I am at least 18 years of age, have read and understood the above release, and agree to its terms knowingly and voluntarily.

Print Name of Student/Adult

Signature of Student/Adult

Address

Phone Number

City/State/Zip Code

Date

*****Persons under 18 years of age must have the consent of a parent or guardian. The undersigned, being named the parent(s) or guardian(s) of the minor(s) listed below, does hereby consent to and agree to be bound by the above release.***

Print Name of Parent/Guardian

Signature of Parent/Guardian

Address

Phone Number

City/State/Zip Code

Date