



Event Liability Release and Photo Authorization Form

Project: _____ **Location:** _____ **Date:** _____

The Volunteer understands that he/she is engaging in activities that may expose him/her to dangers both from known risks and unanticipated risks. By signing this form the Volunteer discharges and holds harmless KEEP CASS COUNTY BEAUTIFUL and its representatives from any and all liability.

By signing this form the Volunteer also understands that KEEP CASS COUNTY BEAUTIFUL, its partners, and affiliates may use all photographic images, video or audio recordings without limitations. Permission is granted for use in any medium including printed media, video, still photography and the Internet.

	Name PLEASE PRINT Clearly	Mailing Address, City, State, Zip	Signature (parent/guardian required for youth under the age of 19)
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