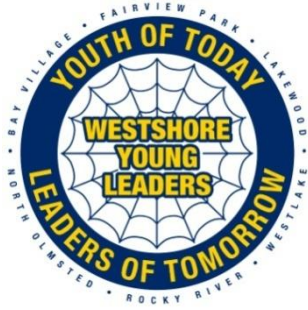


PRINT STUDENT'S NAME \_\_\_\_\_

SCHOOL: \_\_\_\_\_



**WESTSHORE YOUNG LEADERS NETWORK  
 MEDICAL, LIABILITY AND INSURANCE FORM  
 AND  
 PHOTOGRAPH VIDEO RELEASE FORM  
 GENERAL RELEASE**

Attending Event(write in): \_\_\_\_\_

In the event that I experience a minor medical condition, such as headache, stomach ache, or other complaints that would require medical attention, the parents will be contacted for disposition.

I hereby release and hold harmless Westshore Council of Governments/Westshore Enforcement Bureau – Westshore Young Leaders Network and the City of the event from any and all liability from any losses, claims, expenses, actions, causes of action, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury or damage to property while participating in this event. I further understand that Westshore Council of Governments/Westshore Enforcement Bureau – Westshore Young Leaders Network and the City of Cleveland will not be held responsible for my negligence including, but not limited to, horseplay, frolicking and/or noncompliance. (and sign below)

Mark this box if you **DO NOT** wish to be photographed (sign below)

I (student), explicitly grant the Westshore Enforcement Bureau, the absolute right and permission to use photographs and video in which I am included during Westshore Young Leader events for educational, promotional and/or publication purposes.

I grant, without any restriction, permission to the Westshore Enforcement Bureau to decide the format of publication, and waive my right to approve any finished product. I understand that I do not own copyright of the photograph(s) or video.

I certify that I am a minor and that my parent/guardian has authorized the execution of this agreement. (sign below)

Current Member

New participant to Westshore Young Leaders

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name of Student Printed

\_\_\_\_\_  
Student Cell

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Home Phone Number

\_\_\_\_\_  
Parent Cell Phone Number

\_\_\_\_\_  
Parent email