

# Youth Advisory Committee Contact Sheet

(PLEASE FILL IN ALL LINES)



**Student Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Student Current Grade:** \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_

**Student Telephone Number:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Parent Telephone Number:** \_\_\_\_\_

## **Hold Harmless Agreement**

I assume responsibility for my participation in volunteer activities of the Youth Advisory Committee. I assume all risks and hazards of such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Evesham, its officials, employees and volunteers from claims for my injury and/or illness arising from participation in volunteer activities of the Youth Advisory Committee. I understand that all medical insurance is my responsibility and that the Township Workers' Compensation Insurance affords no coverage for my injury and/or illness.

## **Photo Release Form**

I hereby grant the Evesham Township Youth Advisory Committee permission to use my or my child's likeness in a photograph in any and all of its publications, including but not limited to all of the Evesham Township Youth Advisory Committee's printed and digital publications. I understand and agree that any photograph using my likeness will become property of the Evesham Township Youth Advisory Committee and will not be returned.

I hereby irrevocably authorize the Evesham Township Youth Advisory Committee to edit, alter, copy, exhibit, publish or distribute any photos for purposes of publicizing the Evesham Township Youth Advisory Committee's programs for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my child's likeness appears. Additionally, I waive my right to royalties or other compensation arising out of, or related to, the use of the photograph.

I am at least 18 years of age. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

## **Return Instructions**

Once this form is complete, please email to [youthadvisoryevesham@gmail.com](mailto:youthadvisoryevesham@gmail.com)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)