

**PHOTOGRAPHY AND VIDEOGRAPHY RELEASE  
(PARTICIPATION IN THE NBV SUMMER PROGRAM)**

I, \_\_\_\_\_, do hereby grant North Bay Village, its officials, officers, agents, representatives, and employees (the "Village"), the right to copy, reproduce, and/or publish pictures and videos taken of me and/or my minor child(ren) associated with the program(s), Summer Program (the "Program(s)"). I authorize the Village, its assigns and transferees to copyright, use, and publish pictures and/or videos of me and my minor child(ren) for any lawful purpose, including, but not limited to, on such flyers, banners, illustrations, advertisements, and other publications as the Village may produce from time to time for the purposes of promoting the Programs. I acknowledge that pictures and/or videos of me and/or my minor child(ren) may be displayed with a reference to my first name and the initial of my last name. I acknowledge that the Village may be using pictures and/or videos of me and/or my minor children for the purposes of promoting a public program(s) and not for any revenue generating purpose, and, as such, I do not expect, and agree that I am not entitled to, any financial remuneration for the use and reproduction of any pictures or videos. I also acknowledge that upon my approval, as provided hereby, the Village will incur various costs associated with preparing, printing, and/or producing various publications using the pictures and videos, and, as such, I understand that the permission granted by this release is irrevocable.

I have read and understood the terms of this release and, intending to provider my approval; knowingly and voluntarily execute this document below.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please indicate whether you are the parent or legal guardian of the minor and provide the minor's name.      Check one: Parent  Guardian

Name of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \* : \_\_\_\_\_



## **NORTH BAY VILLAGE WAIVER, INDEMNIFICATION, AND RELEASE OF LIABILITY (PARTICIPATION IN THE NBV SUMMER PROGRAM)**

My minor child/ward ("My Child"), is a participant in North Bay Village's Summer program ("The Program"). I hereby grant permission for My Child to participate in the program. In consideration of My Child's participation in the program, I hereby agree to the following waivers, releases of liability, and indemnification: 1. I fully understand and acknowledge that (a) there are inherent risks and dangers present in participating in the program; (b) that My Child's participation in the program may result in bodily injury or illness; (c) these risks and dangers may be caused by the negligence of the Village and its officers, agents, employees, volunteers and assigns (collectively, the "Village"). I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Village or by another other person. 2. In consideration for My Child's participation in the program, I, for my beneficiaries/heirs, agents, executors/personal representatives, and assigns, and on behalf of My Child, voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify the Village, its officers, employees, agents, and volunteers from and against any and all liabilities, claims, demands, suits, actions, damages, attorneys' fees, costs or expenses whatsoever which I or My Child may have against them presently or in the future for any and all acts arising out of or in any way connected with My Child's participation in the program, including travel to or from the program, and including for bodily injury, property damage, wrongful death, loss of services or otherwise which may be suffered by My Child, regardless of whether such acts are due to the negligence or other conduct of the Village or the negligence or acts of My Child. IT IS MY INTENTION TO EXEMPT, RELEASE, AND INDEMNIFY THE VILLAGE AND ITS OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS AND ASSIGNS FROM ANY AND ALL LIABILITY FOR PERSONAL LIABILITY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION. 3. I represent and warrant that no other permission is necessary to allow the released parties to enjoy the benefits specified herein. 4. RELEASE, WAIVER AND INDEMNIFICATION: I have read the above release, waiver and indemnification, understand its terms and conditions, acknowledge that I have given up substantial rights, and execute this voluntarily and with full understanding of its significance.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please indicate whether you are the parent or legal guardian of the minor and provide the minor's name. Check one: Parent  Guardian

Name of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \* : \_\_\_\_\_



# NORTH BAY VILLAGE MEDICAL RELEASE

Child Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

**If parent(s)/legal guardian cannot be reached in case of emergency, contact:**

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Name, Phone, Relationship to Camper

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Name, Phone, Relationship to Camper

Please list any allergies/medical problems, including those requiring maintenance medication.  
(i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis

Medication

Dosage

Frequency of Dosage

Date of last Tetanus Toxoid Booster:

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The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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Authorized Parent/Guardian Signature

Date

