

officials and employees, to photograph or videotape me above-named participant during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Wally Fleming

April 19 2015

Print Participant First and Last Name

Date

Wally Fleming

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)