

50 South Military Trail suite 203 West Palm Beach, Florida 33415

TEL: (561) 242 - 5705 FAX: (561) 242 - 7232

EMAIL: YSD-SpellingBee@pbcgov.org

Phone Number_____

PALM BEACH COUNTY, CONSENT, RELEASE AND WAIVER OF LIABILITY

Employees and/or Representatives of Palm Beach County Youth Services Department (the County), or others, may take photographs and/or record videotapes, audiotapes, or other recordings (collectively Photographs and Recordings) that include images and/or the voice of minors who participate (the Participant) in Palm Beach County Youth Services Department Spelling Bee.

The undersigned, as parent and/or legal guardian of	(Print the
Participant's Name), on behalf of myself, the Participant, and our respective heirs, success	
hereby releases and waives any and all interest we may have in and with respect to all Photog	raphs and Recordings
(ii) grants the County permission, but in no way requires the County, to use the Participant's	name and identifying
information in connection with such Photographs and Recordings; (iii) agrees that the Photographs	graphs and Recordings
are the sole and exclusive property of the County and that the County may, without paymen	it to the Participant o
anyone else of any consideration whatsoever, take, make, edit, enhance, revise, and use	the Photographs and
Recordings in any medium and for any purpose whatsoever, including but not limited to	o education, training
advertising, web content, public information, and news and social media; and (iv) hereby and	d forever releases and
discharges the County and its officers, employees, administrators and representatives fro	m any and all claims
demands, rights, damages, costs, expenses, compensation, actions, causes of action or suits	of any kind or nature
whatsoever, now known or later discovered, for, among other things, invasion of privacy,	right of publicity, and
defamation arising out of or in any way related to the Photographs and Recordings and the	County's use thereof
This Consent and Release may be revoked by me in writing, and if revoked shall apply to us	e of Photographs and
Recordings subsequent to the revocation only.	
In addition, as parent and/or legal guardian, on behalf of myself, the participant, and	•
successors, and assigns, release Palm Beach County from any liability or responsibility for any	injury, damage or loss
that may occur to participant or participant's property.	
I HAVE READ THIS CONSENT AND RELEASE, I FULLY UNDERSTAND ITS TERMS, AND I AM SIGNING THIS	CONSENT AND DELEASE
FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE	
, , , , , , , , , , , , , , , , , , ,	
Parent and/or Legal Guardian Name (Please Print Clearly)	
Parent and/or Legal Guardian SignatureD	ate
- a.	
Address, City, State, Zip	

