COPS & KIDS
PROACTION

GUIDING KIDS TO A BRIGHTER FUTURE

Photo / Video Acknowledgement Consent and Release Form

Dear Parent/Guardian,

Below is the consent needed for your child to participate in a free police-led community program.

I _____ hereby give my consent for _____
  Parent/legal guardian's full name   Participant's full name

(the "Participant") to participate in the program _____
                                                                                        Program name

(the "Program"), without limiting the generality of the foregoing, any activities associated with the Program throughout the year, organized by the Niagara Regional Police Service and funded by ProAction Cops & Kids..

By providing consent for the Participant to participate in the Program, I fully accept all risks associated with his/her participation and do hereby release, remise and forever discharge ProAction Cops & Kids and all of their respective agents, officials, servants, successors and assigns of from all claims, demands, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage, as a spectator, participant or otherwise, resulting or alleged to result from the Participant's participation in the Program and associated activities.

I authorize the Niagara Regional Police Service and its employees, servants and agents to provide such medical care to the Participant as any of them may deem necessary in the event of injury or otherwise.

Further, I consent to the Participant being photographed and/or videotaped while participating in the Program and grant the Niagara Regional Police Service and ProAction Cops & Kids the irrevocable right to use the Participant's name, voice and/or image, as it, in its sole discretion sees fit, for the purposes of publicity, advertising or other similar purposes related to the Program or similar future programs.

By signing this document, I acknowledge that I have read, understood and agree to the above consent and release. I warrant that the Participant is physically fit to participate in this Program.

_____   _____
Signature of Parent/Legal Guardian   Day   Month   Year
Participant (if over 18 years of age)

October 2016