## Youth/Guardian Release Form

Name of youth:	Birthdate: MM / DD / YYYY
Current Age:	_
Mailing Address:	
Phone:	
I give permission for the above-named youth t Community Clean Sweep event taking place on M	o participate in the Park in the City Committee's onday, April 22, 2024.
employees from any and all actions, causes of act	n of the City of Niagara Falls, and its officers and ions, claims and demands, for damages, loss, injury, be sustained by the youth named above or to any he Community Clean Sweep event.
Parent/Guardian signature:	
Phone number:	Date:
Emergency contact:	Phone:
Polationship to youth:	

