Youth/Guardian Release Form

Name of youth:	Birthdate: MM / DD / YYYY
Current Age:	_
Mailing Address:	
Phone:	
I give permission for the above-named youth to p Community Clean Sweep event taking place on Tu	articipate in the Environmental Action Committee's esday, April 22, 2025.
employees from any and all actions, causes of acti	of the City of Niagara Falls, and its officers and ons, 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:	

