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 Day Community Clean Up event taking place on Sa	articipate in the Park in the City Committee's Earth aturday, April 22, 2023.
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	

