

## VERB Activity Zone

I agree that \_\_\_\_\_, nor its employees, agents, or volunteers shall be held responsible for any injuries, damages or loss of personal property that occur during the VERB Activity Zone to myself or to the children on whose behalf I am signing this release. I further grant permission for myself and any of the children for whom I am signing this release to appear in person or in voice, video or photographic representation to radio, TV or print media reports and/or media campaigns resulting from participation in the VERB Activity Zone.

<b>Full Name (Printed)</b>	<b>Parent? Teacher? Coach?</b>	<b>Signature</b>	<b>Youth under 18 for whom you are signing (List each child separately.)</b>
1.			
2.			
3.			
4.			
5.			