



Los Angeles Sheriff's Department Youth Activities League Application Form

Shirt Size: _____

Student's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Address/City/Zip: _____

School: _____ Grade: _____ Teacher: _____

Mother or Guardian: _____ Cell Phone: () _____

Home Address: _____ Home Phone: () _____

Place of Employment: _____ Work Phone: () _____

Work Address: _____

Email Address: _____

Father or Guardian: _____ Cell Phone: () _____

Home Address: _____ Home Phone: () _____

Place of Employment: _____ Work Phone: () _____

Work Address: _____

Email Address: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

The following individuals have unrestricted permission to pick up and sign out the above child from L.A. Sheriff's Department's Youth Activities League (YAL) without any further confirmation from apparent or guardian.

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

I allow my child to participate in L.A. Sheriff's Department's Youth Activities League (YAL) and hereby release the County of Los Angeles, its officers and employees from liability or responsibility for any injury my child might sustain while participating in any YAL activity.

Parent or Guardian Signature: _____ Date: _____



SHERIFF'S YOUTH FOUNDATION

MEDICAL RELEASE

I hereby grant and release to The Sheriff's Youth Foundation, its subsidiaries and agents (a) the right to film, videotape and photograph me and/or record my voice and other sound effects in connection with the any Sheriff's Youth Program and any derivation thereof; (b) all rights of every nature whatsoever in and to all films, videotape, photographs and recording produced hereunder (correctively referred to herein as "Material") including without limitation all copyrights therein and renewals and extensions thereof, and the exclusive right to reproduce, exhibit, distribute and otherwise exploit the Material in whole or in part in perpetuity throughout the universe in any and all languages and in any and all media, whether now known or hereafter devised, including without limitation in and in connection with the Program and advertising and other exploitation thereof. In this respect, I agree that you may edit, alter, dub or otherwise change the Material for any such purposes; and (c) the right to use my first name and likeness, in addition to use such name and likeness in and as part of the Program, in connection with the exercise of any of the rights referred to in subpart (b) above.

I hereby release you from, and covenant not to use you for, any claim or cause of action, whether known or unknown, for libel, slander, invasion of right of privacy, or personality, or any other claim or cause of action, based upon or relating to the exercise of any of the rights referred to herein. I grant such rights to you with knowledge that you will rely thereon at substantial cost. I hereby acknowledge that you have no obligation to use the Material. This release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives.

By signing below, I acknowledge my consent to the terms of this agreement.

I have read the foregoing release and I hereby give my express consent to the execution thereof and I will not revoke my consent.

Name of Participant (Student)

YAL or Program

Signature of Participant (Parent or guardian if under 18)

Date

Address

City / Zip

Contact Phone Number

Date of Birth (If minor)