



MARICOPA COUNTY TEEN LEADERSHIP EXPERIENCE

THIS IS A RELEASE OF LIABILITY

I, _____, hereby agree to participate in a Maricopa County sponsored program, Maricopa County Leadership Experience. *In doing so, I agree to comply with all of the rules, regulations, policies, and procedures of Maricopa County. I understand that failure to do so may result in immediate suspension from the project. I acknowledge that my participation is strictly on a volunteer basis, without pay or compensation of any kind.*

I recognize that in the participation of this, and any Maricopa County programs, there exists a risk of injury including, but not limited to, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless, Maricopa County, its' agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including all claims arising out of the negligence of Maricopa County and any persons for whose actions Maricopa County may be held liable, and including attorney fees incurred or sustained by me in any way connected with my participation in any program for Maricopa County..

MCLE Participant printed name: _____
(REQUIRED)

Participant Signature: _____ Date: _____
(REQUIRED)

Parent/Guardian printed name: _____
(REQUIRED)

Parent/Guardian Signature: _____ Date: _____
(REQUIRED)

Film and Photographic Public Release

Your signature is requested for the following matters:

I hereby authorize Maricopa County and its official representatives to use, without obligation to me, any and all photographs and motion pictures taken of us for any and all publicity and advertising purposes they may designate.

Participant Signature: _____ Date: _____
(REQUIRED)

Parent/Guardian Signature: _____ Date: _____
(REQUIRED)

Equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.