

**KEVIN BYRNE**  
*County Executive*

**MICHAEL PIAZZA, JR.**  
*Commissioner*



**SARA SERVADIO**  
*Deputy Commissioner*

**JANEEN CUNNINGHAM**  
*Executive Director*

## **YOUTH BUREAU**

### **PHOTO RELEASE FORM**

I \_\_\_\_\_ give my permission for the  
(Print Parent/Guardian name)

Putnam County Youth Bureau (Youth Court) to photograph/videotape my child

\_\_\_\_\_ to be used for future  
(Print Child's name)

Youth Bureau promotions. (Newspaper, Youth Bureau newsletters, website,  
local access TV and social media).

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **YOUTH BUREAU**

### **PUTNAM COUNTY YOUTH COURT** **AGREEMENT AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, on behalf of myself and my child \_\_\_\_\_,  
Agrees to allow said child to participate in the Putnam County Youth Court program.

**\*The undersigned is granted permission to use photographs and reporting in local newspapers and cable channels.**

**\*Attend and Observe the Putnam County Sheriff's Department and our Local Town Courts.**

The undersigned, on behalf of himself/herself and his/her child hereby expressly assumes the risk of entering the premises of Putnam County Office Buildings and of taking part in activities on said premises which include, but are not limited to.

The undersigned, on behalf of himself/herself and his/her child hereby acknowledges and agrees that his/her child will at all times abide by all of the rules and regulations.

The undersigned consents to emergency transportation and treatment of his/her child in the event of illness or injury, and further agrees to accept responsibility for the payment of any such emergency treatment or transportation.

The undersigned certifies that his/her child is in good physical condition, and that his/her child has no medical or physical conditions which would restrict his/her participation in the program.

The undersigned hereby voluntarily assumes full responsibility for any injuries, including death, or damages which may occur to his/her child by reason of his/her participation in said program, or which may occur to his/her child by reason of his/her purchasing any item of merchandise or food while in, on or about the premises of: **Putnam County; Sheriff Department, Carmel Court, Putnam County Office Building, Youth Bureau and/or Historic Court House.**

In addition, to the foregoing, the undersigned does hereby fully and forever release, discharge and hold harmless the County of Putnam and any and all of its officers, agents, servants, representative or employees from and against any and all liability, loss, damages, claims, demands, rights or causes of action, unanticipated, resulting from any cause whatsoever arising out of the participation in this program on behalf of himself/herself and his/her child.

The undersigned further covenants and agrees for himself/herself, his/her child, and their heirs, successors and assigns, that they will forever refrain from instituting, prosecuting, or maintaining any action, suit or proceeding, at law or otherwise, and from pressing, collecting or otherwise proceeding against the County of Putnam or any officer, agent, servant, representative or employee of the County of Putnam upon claims, controversies, actions, causes of action, obligations or liabilities of any nature whatsoever, whether or not presently known, which he/she, his/her child and their heirs, successors and assigns ever had, now have or hereafter can, shall or may have or allege, based upon any negligence of Whatsoever nature, ordinary or gross, whether or not presently knows, with respect to, arising out of or in connection with any personal injury, including death or property damage, which his/her child may sustain by reason of his/her participation in this program.

The undersigned further agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that if any portion of this agreement is held to be invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

The undersigned hereby states that he/she has carefully read this agreement and fully understands its contents, and that he/she is aware that this is a release of liability and a contract between himself/herself and Putnam County, its affiliates, departments, agencies, employees and servants, and that it constitutes the entire agreement between the parties.

The undersigned does hereby voluntarily sign this instrument with no promise or representation made to me other than the consideration Expresses herein.

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Date

**DONALD B. SMITH COUNTY GOVERNMENT CAMPUS**  
**110 Old Route Six ~ Building Three ~ Carmel, New York 10512**  
**(845) 808-1600 ~ Fax (845) 808-1907**