



From The Mouth Of Babes Film & Technology Program Registration

Employee Signature

Child's Name _____ Grade, Fall 2021 _____ Shirt Size YS YM YL AS AM AL AXL
Birth date _____ Sex _____ Age _____
Child's Address _____
City _____ State _____ Zip Code _____ Would you like to be a volunteer with the program? YES NO
Home Phone _____ Cell Phone _____ E-mail Address _____
Mother's/Guardian Name _____ Business Phone _____
Father's/Guardian Name _____ Business Phone _____
Parent's Marital Status _____ With whom does the child reside? _____
In case of emergency, contact (other than parent)
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

I, _____, the parent, legal guardian or custodian of a minor child, hereby acknowledge that my child/ward will be participating in the Lauderhill Recreational Program (hereinafter "Program"). I understand that my child/ward will attend and participate in this Program, and may on occasion be provided with transportation in connection with this Program. I acknowledge that my child/ward is participating in all events, activities, and transportation associated with this Program at his/her own risk. I hereby represent that said minor is in good health; has no communicable diseases (including COVID-19, or any symptoms relating to COVID-19 within the last 14 days); the minor has not been, nor has any member of the household been, diagnosed with COVID-19 within the last 30 days; and has no physical conditions that would interfere with his/her participation in this Program.; I recognize that the City encourages participants to have insurance prior to participation and if I do not have insurance for the minor child I have voluntarily, knowingly and willing made the choice to permit my child to participate in such Program without the benefit of insurance and I assume any and all responsibility for the minor child and completely absolve the CITY OF LAUDERHILL if the child is injured in any way.

I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge and covenant to hold harmless the CITY OF LAUDERHILL, any and all of its departments, its officers, employees, agents, volunteers and their respective heirs, successors and assigns from any and all liability, loss, damage, injury, or death, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by my child/ward directly or indirectly, in whole or in part, in connection with, or arising out of, or which may be caused due to my child/ward's actions or inaction, due to the actions or inaction of any third party, or due to the negligence of the CITY OF LAUDERHILL, any and all of its departments, its officers, employees, agents, volunteers, or otherwise in any manner for any such loss whatsoever that may be sustained by my child/ward while participating in the Program and/or using the City's premises, or related events, or any associated transportation, whether he/she is participating in the Program or merely attending as a spectator or visitor of the program, which I acknowledge may lead to the unintentional exposure or harm due to COVID-19. I understand that I am solely responsible for my own child/ward's safety and actions.

I hereby give the city of Lauderhill the right to refuse the use of its premises and the right to discontinue the Program if the city has determined, in its sole discretion that it is in the best interest of the City, the program participant, or any spectators.

I hereby give the City of Lauderhill the authority to authorize emergency transportation and/or emergency treatment to the minor/ward. I also permit the City's representatives to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to the minor/ward. I further agree to indemnify the City for the costs associated with any emergency medical services incurred by the minor/ward.

I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand its terms. I further understand that I have given up substantial rights on my own behalf and on behalf of my child/ward by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect.

Signature of Parent/Guardian: _____

WITNESS # 1: _____
DATE: _____

From The Mouth Of Babes Inc
MEDIA/MODEL/PARTICIPANT RELEASE FORM

For good and valuable consideration of payment per ___ hours herein acknowledged as received, and by signing this release, I, the undersigned model/Participant/Talent, hereby grant the undersigned Organization "From The Mouth Of Babes Inc., and assigns, representatives and successor, as well as persons and companies including, without limitation, The City Of Lauderhill acting with permission the irrevocable right and permission to, throughout the world, in connections with the photographs taken of me, or in which I may be included with others the following: (a) the unrestricted right and permission to, use, reuse, publish and republish, in any manner at all, said photographs, in whole part, modified or altered, composite, distorted or cropped, in any manner of form, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purpose whatsoever, including without limitation, all promotional and advertising uses, non commercial or commercial displays, websites, social media, broadcasts, promotional packaging, exhibition of the final productions, and other trade purposes, if so desires; and (b) the rights to copyright said photographs in addition to the right to sell or trade said images to any person or business as selected. I hereby relinquish any rights to examine or approve the finished products or the advertising copy or printed matter and any use thereof. I hereby forever release, discharge, and agree to respective representatives, licensees, successors and assigns, specifically but not limited to YOUR NAME and it's clients, from any and all claims, actions and demands arising out of or in conjunction with the use of said photographs, including, without limitations, any and all claims invasion of liable or invasions of privacy. I acknowledge that this release document was signed by me, willingly and I certify that I am not a minor, and I am free and able of giving such consent.

Name: _____

Signature: _____ Date: _____

***Parent/Guardian sign below if the participant is a minor (under 18 years of age)
and you agree/consent to the stipulations written in this document.**

Parent Print Name: _____

Parent Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License#: _____

E-mail: _____

FTMOB Representative: _____ Title _____

Signature: _____ Date: _____