

Mayoral Internship
for
Pathway Foundation

_____ has my permission to attend the **Mayoral Internship project run by Pathway Foundation**

WAIVER OF LIABILITY

In consideration of your accepting this entry, for Pathway Foundation's Mayoral Internship project, thereby for myself, my heirs, executor assigns and personal; representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against Pathway Foundation, WA, its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program.

Parent or Legal Guardian Signature

Date

Home Phone

Emergency Phone

Photo /Video and Name Release

I, the undersigned participant and/or parent or guardian of the minor participant, give my permission _____ or did not have my permission _____ to have photo/video tapes taken, Name Release on Web site without recompense during Pathway Foundation activities and used for publicity purposes.

Parent or Legal Guardian Signature

Date