Safe Schools Project of Santa Cruz County
Model Release

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I understand that the materials described above may be used in conjunction with the Safe Schools Project of Santa Cruz County, for promotion and distribution to the press, schools, etc. In giving my release, I agree to such use, including the release of my name(s) and images in association with this event, with the potential identification, either express or implied, of myself as a queer person.

I hereby release, discharge and agree to save harmless the SSP, their legal representatives or assigns, and all persons acting under their permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, electronic alteration or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent reproduction thereof, as well as any publication thereof.

I hereby warrant that I am of full age 18, or an emancipated minor and have every right to contract in my own name in the above regard, or that the signature below under "Guardian" is my legal guardian. I state further that I have read the above authorization, release and agreement, and that I am fully familiar with the contents thereof.

_____

Signed

_____

Please Print Name

Date_____

_____

(Signature of Parent/Guardian if un-emancipated)

_____

(Please Print Name)

Date_____

Address_____

City _____ State _____ Zip _____

Phone # _____

Email _____

Witnessed By:

_____

(Please Print Name)

_____

(Signature of Witness)

Please email to: info@QYTF.org

Or Mail to: Safe Schools Project, P.O.Box 3143, Santa Cruz, CA 95063