

**STOCKTON BEAUTIFUL**

Volunteer Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_,  
agree to volunteer my services and also agree to release the City of Stockton and Stockton Beautiful, their officers, employees and agents for responsibility for any injury or the injury of my child arising from my (or my child's) volunteer service or activities.

I understand that the City of Stockton and Stockton Beautiful may photograph or videotape the volunteer events or activity in which I (or my child is) participating. I give my permission for my image or videotape of me to be used to promote the City of Stockton and Stockton Beautiful and its services and programs. No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

This agreement shall remain in effect until terminated in writing.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

X

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