



SMITHTOWN CHILDRENS FOUNDATION

"Family, Friends & Community coming together as ONE Serving the Entire Local Community"

## Release and Indemnification

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

In the event that the application is approved, the undersigned releasor, as parent and/or guardian of the applicant and on behalf of the family members participating, and in consideration thereof, understands and agrees that **The Smithtown Children's Foundation & The Branch Brook Children's Foundation, Inc.**, its agents, assigns and Board are not responsible for any claims, judgments, causes of actions or damages arising out of or relating to the receipt, use, or enjoyment of an approved application. The undersigned, individually and on behalf of the participating members, hereby holds **The Smithtown Children's Foundation & The Branch Brook Children's Foundation, Inc.**, its agents, assigns and Board harmless from any such claims and agrees to indemnify same in the event of any claim, judgment, or action. This agreement shall apply to all claims, which are made in the future by any third party as a result of the use and enjoyment of an approved family.

### Permission to Photograph/Use of Photograph

The undersigned, aware that any videos and photographs taken during fulfillment of an approved application including fundraising events by the parents or by representatives of The Foundation or by news stations and press, individually and on behalf of the family members listed below, consents to be photographed and filmed without compensation. Photographs may be used for news articles and on the website of The Smithtown Children's Foundation.

Releasor's Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sworn to before me this day of

Notary Public:

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Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767

[www.smithtownchildrensfoundation.com](http://www.smithtownchildrensfoundation.com)

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