



Birth Date: _____

Sharon B. Mitchell, Exec. Director
Ronald Foster, Program Director
(937) 228-8961 FAX (937) 228-7960
Date: _____

Signature of Parent/Guardian: _____

DEVELOPING CHARACTER VALUES FOR LIFE

Witness Signature: _____
DAYTON, OHIO 45402-8206

Date: _____

RELEASE, WAIVER, & AGREEMENT

Mission and Vision

The Dakota Center aims to enrich the quality of life and empower the residents to reach their full potential within the MacFarlane and surrounding neighborhoods by providing first class programs and services in collaboration with other centers, organizations, businesses, and government agencies.

Our vision is to be identified as an effective full-service community center.

Release Agreement

I hereby release Dakota Center, Inc. the right to photograph and/or videotape myself and my minor, _____, and further utilize the face, likeness, voice, and appearance of myself and my minor.

In connection with exhibitions, publicity, advertising, and promoting materials without reservation or limitation. In releasing this license, I understand that Dakota Center, Inc. is under no obligation to exercise any of its rights, licenses, and privileges herein granted by myself and my minor.

MINOR

ADULT

Print Participant's Name

Print Name

Parent/Guardian Signature

Date

