



NYC Department of Probation YouthWRAP Program
Guidelines and Requirements
General Consent Form for Videography and Photography

Client 18 years old or older - Name: _____; or
Parent/Guardian of client under 18 years old - Name: _____, and
Client under 18 years old - Name: _____
Home Address: _____ Apt#: _____
City, State, Zip: _____ Phone: _____
Race: _____ Ethnicity: _____
Community District: _____ Education Level: _____

EMERGENCY CONTACT NAME & NUMBER: _____

Who must execute this release and waiver?

Age of participant	Who must execute this form
Age 18 or older	Participant only
Age under 18 years old	Participant and parent/guardian

Program Overview

Participants will take part in a myriad of activities as part of the Youth wrap program. This includes (but is not limited to) shoveling snow and cleanup work in City parks, stocking shelves in food pantries, sorting and packaging clothing to be distributed to individuals in need. Youth Wrap will take place on Saturdays at predetermined times in all five-boroughs. Participants may work in the same borough they reside and/or work in another borough if sites are at capacity for the Saturday only program. Participants receive twelve dollars per hour for their participation. Participants will receive a debit card to access their payments for work performed, payments are paid on a bi-weekly basis and clients may receive a metro card, If metro cards are **not** provided, clients will be responsible for travelling to the various locations throughout the five boroughs on their own.

Both my child and I agree that he or she will cooperate respectfully and promptly with all directions of the staff/supervising officers of the Youth Wrap program and the rules at the particular work sites. We understand that his or her failure to behave appropriately may result in removal from the program.

I represent that my child is physically fit and that he or she does not have a medical condition that would restrict him or her from participating in these types of activities.

I understand and acknowledge that there may be risks with my child's participation in the Youth Wrap program, including the risks of physical harm, and I hereby assume all dangers and risks associated therewith. I acknowledge that the instruction and supervision provided may not prevent injury and does not guarantee that injury will not occur. My child and I understand that he or she is responsible for his or her own behavior and agree that he or she will only perform tasks that he or she feels comfortable and safe doing.

I understand that the City will not cover any medical expenses due to injury received through my child's participation in the Youth Wrap program. In partial consideration of my child's acceptance as a participant in the program, we hereby agree to waive all claims we have or may have against New York City, and its employees, agents, affiliates, sponsors or other representatives, from any and all claims for any and all expenses, personal injury, loss or damages incurred during or in connection with my child's participation in the program.

For participant age 18 and older

I understand that if a participant becomes ill or is injured during the program someone will attempt to contact the emergency contact person provided. If the emergency contact cannot be reached, I understand and agree that the YouthWRAP participant will be taken to a hospital for medical assistance, and I agree that services rendered and any costs associated with these services will be the sole responsibility of the participant and/or their legal guardian for any and all costs incurred as a result.

I understand that all DOP clients participating in this program execute this release, waiver and consent form (hereinafter 'form'), regardless of age, as a requirement for participation in the program. I also understand that this program is voluntary.

I consent to participating, and understand that I may be photographed, videotaped, interviewed and/or recorded and I also understand that this may be broadcast, published, or put to other uses. For good and valuable consideration, including the opportunity to participate, appear and be featured, the receipt and sufficiency of which is hereby acknowledged:

I hereby consent to and authorize news outlets and DOP to photograph, videotape, observe, interview and/or record me in conjunction with the preparation of news pieces regarding the YouthWRAP. If I am 18 years or older, I consent to the use of my first and last names and any fictional name. If I am under 18 years old I consent to the use of my first name and any fictional name. In addition to using my name as described above, I also consent to the use of my voice, likeness, picture, portrait, interview, or photograph in all forms and media and in all manners, for the purpose explained above and any lawful purpose throughout the world, an unlimited number of times, in perpetuity. I hereby waive any right of inspection or approval of the finished version(s) of my appearance or interview or the uses to which my appearance or interview may be put, including audio, video, internet streaming and written copy.

I acknowledge and agree that no one has promised me anything, coerced me, threatened me or influenced me in any way for my appearance, or to participate in the program or to be interviewed and/or to sign this agreement, with the limited exception of my receipt of the consideration stated for this agreement. I hereby release DOP and the City of New York, including their respective employees, agents, successors, assigns, associates, licensees, invitees and legal representatives, from any and all liability associated with my participation in the program and any public disclosure, media use and distribution of my appearance and interview. I agree not to assert any claim of any nature whatsoever against anyone who exercises any of the rights and permissions granted in this agreement or who relies on any of the promises I am making in this agreement.

Generally

I/WE HAVE READ THE ABOVE WAIVER, RELEASE AND CONSENT. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT KNOWINGLY AND VOLUNTARILY. I HEREBY AFFIRM THAT I AM OF FULL LEGAL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME, OR THAT I AM THE PARENT, CUSTODIAL PARENT, OR LEGAL GUARDIAN OF THE CHILD NAMED BELOW AND HAVE FULL LEGAL AUTHORITY TO SIGN, ENTER INTO, AND CONSENT TO THIS AGREEMENT ON HIS/HER BEHALF.

ADULT

_____ I am of 18 years old or older and have the right to contract in my own name

(Printed Name)

(Signature)

(Date)

For participant under age 18

I acknowledge that I have spoken with my attorney and fully understand the legal ramifications of participating.

I understand that under the laws of New York a child's involvement in the juvenile justice system is confidential and that without my consent DOP would not permit me to be featured in any news story or other photographs or videos.

If I am executing this release, waiver and consent because I am the parent/guardian of a participant under 18 years old, I acknowledge that I am aware of the confidentiality protections and that I have and I have consulted with my child's attorney about them and all of the legal ramifications of participating. Knowing my rights and understanding that DOP has an obligation under the laws of the State of New York to maintain the confidentiality of my child's involvement in the juvenile justice system, I voluntarily and knowingly choose to waive these confidentiality protections.

Generally

I/WE HAVE READ THE ABOVE WAIVER, RELEASE AND CONSENT. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT KNOWINGLY AND VOLUNTARILY. I HEREBY AFFIRM THAT I AM OF FULL LEGAL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME, OR THAT I AM THE PARENT, CUSTODIAL PARENT, OR LEGAL GUARDIAN OF THE CHILD NAMED BELOW AND HAVE FULL LEGAL AUTHORITY TO SIGN, ENTER INTO, AND CONSENT TO THIS AGREEMENT ON HIS/HER BEHALF.

PARENT/LEGAL GUARDIAN OF A MINOR AND MINOR

_____ I am the Parent or Legal Guardian of the child named below and have witnessed my child's signature

(Printed Name of Child)

(Signature of Child)

(Date)

(Printed Name of Parent/Legal Guardian of Child)

(Signature of Parent/Legal Guardian)

(Date)