

**The Town of Cortlandt Youth & Recreation Center
3 Memorial Drive, Croton-on-Hudson, NY
914-736-0498 • www.townofcortlandt.com/yc**

Video Surveillance Acknowledgment Form

Please print all of the required information legibly

Child's Name: _____ Date of Birth: _____

Name of Parent or Court-Appointed Legal Guardian: _____

Street Address: _____ City: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____

TO BE SIGNED BY PARENT/LEGAL GUARDIAN

This release is a binding legal contract. Please read it carefully before signing.

For the safety and security of all participants, The Town of Cortlandt Youth & Recreation Center has cameras on the property. I am aware and understand that my son/daughter, will be under video surveillance. The videotaping will be reviewed for any incidents that may arise on the property. The footage is the property of The Town of Cortlandt and therefore shall only be accessible by selected staff; footage will not be shared with program participants.

Print Name of Parent/Legal Guardian

Signature of Parent or Legal Guardian

Today's Date