RELEASE OF LIABILITY & USE OF IMAGE BY PARENT/GUARDIAN OF CHILD PARTICIPANT

Child's Name:	Child's Date of Birth:
Audubon Society, Inc.'s ("Audubon") classroom and outdoor field trip experience, including but not limited to hands-on work. I understand that my	of the child named above, I wish for my child to participate in National program identified above (the "Program"), which may include in-the-eriences. I understand that there are possible dangers associated with the possible, hiking, outdoor activities and sports, exposure to water, and physical and probabilities are participation in the Program may involve sustained physical activity. I he participant's experience and capabilities and believe the participant is with or without accommodation.
	g in the activity at my own risk and acknowledge that Audubon has made no ed or implied, regarding the safety of conducting this activity at this site.
	on to reproduce my child's appearance, name, likeness, voice and biographical Program in all manners, including promotional materials, and any and all ghout the world and in perpetuity.
Check this	box only if you wish to opt out of "use of image" release.
for any and all claims, demands or of privacy or right of publicity arising biographical information, including account of any loss, damage, or injurnegligence, in connection with any	cers, directors, employees, agents licensees, successors and assigns from and causes of action which I have or may have for (i) libel, defamation, invasion of from Audubon's use of my child's appearance, name, likeness, voice and but not limited to, the distribution, broadcast or exhibition thereof or (ii) on ty to person or property suffered or incurred by my child, except by Audubon's aspect of my child's participation in the Program or in any Program-related arranged by, paid for or provided by Audubon.
	ne and my heirs, next of kin, executors, administrators and assigns. By signing oroughly read and understand this form and that the statements I have made
Parent/Guardian Signature:	Date:
Print Name:	
Home Address:	
Email Address:	
Check this box if you g	grant permission to your child to depart the center unaccompanied.