



Audubon VERMONT

Release of Liability & Use of Image by Parent/Guardian of Child Participant

Child's Name: _____ Date of Birth: _____
Program: Forest Playschool Site: Green Mountain Audubon Center

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above, Forest Playschool, which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program, including but not limited to, exposure to sun, varying weather conditions, and exposure to a variety of plant and animal species. I understand that my child's participation in the Forest Playschool Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

I hereby grant permission to Audubon to reproduce my child's appearance, name, likeness, voice and biographical information in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

I expressly release Audubon, its officers, directors, employees, agents licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____

Print Name: _____

Address: _____

Date: _____