

VOLUNTARY PERMISSION FOR IMAGE RELEASE

I understand that I/my child am/is participating in an activity in conjunction with Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy and that photo images may be taken for a variety of purposes. I will permit the release of my/my child's picture in conjunction with news and/or information regarding the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and the Land Conservancy. This includes webpage, newspapers, print or electronic newsletters, brochures, and other print and/or electronic media.

PLEASE NOTE:

For safety considerations it is the policy of A Time for Science to release images only and to NOT release the name of a minor with images in such a manner that an individual minor can be specifically identified. Exceptions to this policy are made only with additional consent from a parent/guardian and is not provided under cover of this document.

1) ADULT PARTICIPANT'S SIGNATURE

Participant Signature

Date

Participant Signature

Date

2) PARENT/GUARDIAN SIGNATURE FOR MINOR (Under 18) PARTICIPANTS

Full Name, Minor (Printed)

Full Name, Minor (Printed)

Full Name, Minor (Printed)

Full Name, Minor (Printed)

Parent/Guardian Signature
(Required if Participant is under eighteen (18) years old)

Date

3) CONTACT INFORMATION for Signatory (mailing address required)

Address _____

City _____ State _____ Zip _____

PHONE (H/O) _____ (C) _____

E-Mail _____