

VOLUNTARY PERMISSION FOR PHOTO 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 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 my/my child's name and picture in conjunction with news and/or information regarding the Contentnea Creek Environmental Education Center, the Nature and Learning Center, Land Conservancy. This includes webpage, newspapers, print or electronic newsletters, brochures, and other print and/or electronic media.

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 _____ Date _____
(Required if Participant is under eighteen (18) years old)

3) CONTACT INFORMATION

Address _____

City _____ State _____ Zip _____

PHONE (H/O) _____ (C) _____

E-Mail _____