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PHOTO/VIDEO RELEASE FORM

PLEASE LEGIBLY PROVIDE ALL INFORMATION REQUESTED.

Parent or Guardian's Name: _____

Full Address: _____

Telephone Number: _____

E-Mail (optional): _____

I consent and give permission to the Environmental Science Program and those acting under its authority to use my child's name, photograph and/or likeness on video in connection with promotional materials for the Environmental Science Program and for use on its website.

Signature of Parent or Guardian

date

Child's Name (please print) Signature of Participant