



Ruthanne Fuller  
Mayor

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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