

**RELEASE OF LIABILITY & USE OF IMAGE
BY PARENT/GUARDIAN OF CHILD PARTICIPANT**

Child's Name _____ **DOB**

Program -

Date of Participation (include all dates)

As the parent and/or legal guardian of the child named above, I wish for my child to participate in the Audubon Society of Greater Denver ("ASGD") program identified above (the "Program"), 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, contact with allergenic plants, stinging insects, or transporting to field trip sites. I understand that my child's participation in the 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 Program.

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

_____(Initial Here) I hereby grant permission to ASGD to reproduce my child's appearance, likeness, and voice 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 ASGD, 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 ASGD'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 ASGD's gross negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by ASGD.

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

—

City _____ State _____ Zip Code

Phone

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