

PHOTO RELEASE FORM

As the parent of a child/children at Everwild Nature School, I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the school during normal school hours or school events. I understand that these photographs may be used in promoting the school's services, either in print or on the Internet.

The child(ren) are known as:

With my signature below I grant permission for my child(ren) to be photographed, and the use of images for print or electronic use in promoting Everwild's services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this photo release will remain in effect during my child's enrollment term. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature:

Date: _____