

**CONNECTICUT AUDUBON SOCIETY (CAS)  
RELEASE OF LIABILITY AND USE OF IMAGE BY PARENT/GUARDIAN OF CHILD  
PARTICIPANT IN CAS PROGRAM**

*Please print clearly*

Child's Name:
Date of Program: <b>Academic Year 2017-2018</b>
Name of Program: <b>Science in Nature</b>

I certify that my child, named above, is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society (CAS) Programs or Classes (hereafter "Programs). I understand there are possible dangers associated with the Program, including but not limited to biting and/or stinging insects, animals, adverse weather conditions, etc.

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 CAS has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

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: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION FOR USE OF IMAGE BY PARENT/GUARDIAN OF CHILD**

*Please note: Permission to use image does not preclude child from program participation.*

I give CAS permission to photograph my child, named above, who is participating in CAS Program(s). I agree and understand that photographs, which may include my child's image, may be used in CAS's publications for CAS's advertising, publicity, commercial or other business purposes. I waive any right to inspect or approve the finished version(s).

Parent/Guardian Signature: \_\_\_\_\_