

**CONNECTICUT AUDUBON SOCIETY (CAS)  
RELEASE OF LIABILITY AND USE OF IMAGE BY ADULT PARTICIPANT  
IN CAS PROGRAM**

*Please print clearly*

Name:
Date of Program:
Name of Program:

I certify that I, named above, am healthy and free of problems that could be deleterious to my 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 participation in the Program may involve sustained physical activity. I am in good health and I am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.

I agree that I am 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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION FOR USE OF IMAGE**

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

I give CAS permission to photograph me, as named above, who is participating in CAS Program(s). I agree and understand that photographs, which may include my 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).

Signature: \_\_\_\_\_