

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

One form for each child

Child's Name: _____ Date of Birth _____

Camp Sessions(s): _____

Session Dates(s): _____

Site(s): Indian Rock Preserve and camp field trip locations

As the child's parent and/or legal guardian, I give permission for my child to participate in the Environmental Learning Centers of Connecticut's ("ELCCT") Indian Rock Summer Day Camp 2017 ("Camp"), which will include indoor and outdoor experiences. I understand there are possible dangers associated with the Camp, including but not limited to, insect stings, insect or tick bites, poison ivy, or falling on uneven terrain. I understand that my child may come in contact with wild and / or domesticated animals as part of the camp experience which may present some risk. I understand that my child's participation in the Camp may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition, other than that indicated on my child's health form, that will limit or interfere with my child's ability to participate in the Camp. I grant permission to ELCCT, its agents and employees, to administer first aid and to seek and obtain medical, dental or hospital care for my child in my place if deemed necessary.

I understand and agree that my child is participating in the above described activities at my own risk, and acknowledge that ELCCT has made no warranty or representation, expressed or implied, regarding the safety of conducting the Camp.

I hereby grant permission to ELCCT to reproduce my child's appearance, name, likeness, voice, artwork, essays and biographical information in connection with the Camp 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 ELCCT, 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 ELCCT's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof ; (ii) copyright infringement arising from ELCCT's use of my child's artwork or essay; or (iii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by ELCCT's gross negligence, in connection with any aspect of my child's participation in the Camp or in any Camp-related activity, including any transportation arranged by, paid for or provided by ELCCT.

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.

I will provide and give permission for my child to apply SUNSCREEN and/or INSECT REPELLENT

Parent's/Guardian's signature: _____

Print Name: _____

Address: _____

Date: _____