



## Photograph Release

Child Name \_\_\_\_\_ Class/time \_\_\_\_\_

The Science School and Museum of Nature & Science (MNS) occasionally choose to photograph students during their daily activities. You may elect to have your child participate or not participate. Please sign the appropriate line below.

I understand that my child's photograph may be taken and hereby allow the Science School and MNS staff or media organizations to take photographs, slides, and videos, which contain images of my child. I understand that these images may be used to demonstrate the program and activities of the Science School and MNS in promotional and marketing materials among other uses and agree to allow them to publish or reproduce such images for such uses. I understand that the parent or guardian will be notified if the image and/or name are to be used for media purposes, but that no materials will be or need to be submitted to me for any further approval. I give and grant the Science School and MNS and its agents, and their respective licensees, successors and assigns, the perpetual right to use, publish and copyright, in any and all media, my child's image as provided for herein.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

I do not give permission to the Science School and Museum of Nature & Science to take photographs of my child.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_