



Parent/Guardian Consent Form for Volunteers

My name is _____ , and I am the parent or a legal Guardian of the minor child named _____ .

Parent/Guardian information:

Full Name:	_____
Relationship to minor child:	_____
Address:	street _____
	city, state zip _____
Daytime contact:	(phone / email) _____
Alternate contact:	(phone / email) _____

Minor child information:

Full Name:	_____
Date of birth:	_____
Address:	street _____
	city, state zip _____
Daytime contact:	(phone / email) _____
Alternate contact:	(phone / email) _____

By signing this document, I declare the following:

- I am truly the parent or a legal guardian of the minor child named above
- I am aware that the minor child named above has an interest in becoming a Volunteer at Liberty Science Center
- I give my full permission to Liberty Science Center to guide and prepare the minor child named above to become a Volunteer.

Parent/Guardian Signature

Date

Photo Release Form

I, _____ (**please print name**), hereby give my permission to Liberty Science Center and its agents to use....

<input type="checkbox"/> my name and likeness
<input type="checkbox"/> the name(s) and likeness(es) of my child(ren) _____ <i>Name(s) of minor(s)</i>
<input type="checkbox"/> my name and likeness AND the name and likeness(es) of my child(ren)

...for any and all promotional purposes, including television news segments, advertisements, newspaper or magazine articles, online, printed and electronic publications, digital images and any other publicity materials.

I understand Liberty Science Center and its agents may use the name(s) and likeness(es) above as they see fit, and I understand Liberty Science Center or its agents will not be held liable for any use by the media or any outside party.

Signature:

Date:

Address:

Phone:

E-mail:
