RELEASE OF LIABILITY & USE OF IMAGE BY AN ADULT PARTICIPANT

Program:			Site: <u>M</u>	litchell Lake Audubon Center	
Program Leader(s):			Date of	Participation:	
In consideration of my parti	cipation in the National Audub	on Society, Inc	. ("Audubon") program	dentified above (the "Program"), I state a	and agree as follows:
Program. I hereby give Audwhether now known or here	dubon permission to use, repro-	duce, duplicate, gree that I have	broadcast and distribute no claim for compensat	d/or biographical material ("My Likeness My Likeness, in any and all media, incluion, that My Likeness may be used in corpprove the finished version.	ding but not limited to the Internet,
in any and all media, including license to use the Artwork so I agree to follow the instruction	ing on the Audubon website and hall be perpetual, royalty-free attion of the Program Leader(s).	d in Audubon r and non-exclusi I have been inst	magazine, and permit Au ve. tructed in and understand	ials I create while participating in the Produbon to use the Artwork in connection volume the use of equipment I am to use. I unde	with fundraising appeals. Audubon's
associated with the Program	n, including, but not limited to,	biting and/or st	inging insects, animals, a	adverse weather conditions, etc.	
	pation in the Program may invo ny ability to participate in the P		trenuous physical activit	y. I am in good health and am aware of r	no physical problem or condition that
I agree that I am participatin conducting the Program.	ng in the Program at my own ri	sk, and acknow	ledge that Audubon has	made no warranty or representation, expr	essed or implied, regarding the safety of
actions and causes of actio any part thereof); or (ii) a	n whatsoever for (i) libel, def	amation, invas person or to pr	sion of privacy or right operty suffered or incu	licensees, successors and assigns from of publicity arising from Audubon's us rred by me in connection with the Prog	se or alteration of My Likeness (or
	g upon me and my heirs, next of at the statements I have made a		s, administrators and assi	gns. By signing below, I acknowledge the	at I have thoroughly read and
Participant Information:					
1					
Participant's Name (print)	Participant's Name (sign)	Date	Email	Emergency Contact Name	Emergency Contact Phone
2					
Participant's Name (print)	Participant's Name (sign)	Date	Email	Emergency Contact Name	Emergency Contact Phone



Participant's Name (sign)	Date	Email	Emergency Contact Name	Emergency Contact Phone
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Participant's Name (sign)	Date	Email	Emergency Contact Name	Emergency Contact Phone
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