

As the parent/guardian, I certify that \_\_\_\_\_ has my permission to participate in the Taproot Nature Enrichment program. He/She has my permission to accompany the group on field trips that are a part of the program activities.

**Release of Liability**

In consideration of the participant attending the Taproot Nature Enrichment Program, the undersigned parent/guardian hereby releases and holds harmless Taproot, Inc and its officers, employees and agents (hereinafter collectively referred to as "Taproot") from any and all liability, damage, cost, or expense occurring during the participation of the undersigned child in this program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

In particular, the undersigned parent/guardian acknowledges that s/he and such child will not hold Taproot liable for any expenses, property damages, personal injuries and/or death sustained by such child while participating in the program. Furthermore, the undersigned parent/guardian acknowledges that s/he is, prior to the commencement of Taproot Nature Enrichment Program, aware of and understands the risks involved in such activity—including but not limited to: insect bites and stings, poison ivy, muddiness, lost or damaged clothing, bur-covered socks and scarves, arm-loads of sticks, rocks, bones, smashed flowers, and other treasures, cold fingers, toes, and noses, scratches, scrapes, and possibly more severe injuries--and is prepared to assume, on behalf of such child and himself/herself, all of such risks as his/her and the child's sole responsibility.

**Media Reproduction & Distribution Release**

During this nature enrichment experience, photographs, audio and video tape footage may be taken to document the program. I hereby grant Taproot permission to record my child's likeness and voice and the right to use my child's likeness, voice and name in professionally produced or distributed products or materials, for the purpose of advertising and promoting Taproot. Parents/Guardians will also have access to these recordings if desired.

\_\_\_\_\_ I grant permission to record my child's likeness and/or voice **AND** to use my child's likeness or voice in professionally produced or distributed materials, for the purpose of advertising and promoting Taproot, or in various media publications such as newspapers or magazines

\_\_\_\_\_ I grant permission to record my child's likeness and/or voice but **DO NOT** grant permission to use my child's likeness or voice in professionally produced or distributed materials, for the purpose of advertising and promoting Taproot, or in various media publication such as newspapers or magazines

\_\_\_\_\_ I **DO NOT** grant permission to record my child's likeness and/or voice.

**Medical Information and Treatment Release**

My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

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I hereby give permission for any first aid, emergency medical care, and admission to an accredited hospital when necessary for executing such care, for treatment for injuries that my child may sustain while participating in any activity associated with the Taproot Nature Enrichment Program.

The terms and conditions of this Consent and Release of Liability shall be legally binding upon the undersigned parent/guardian and his/her respective estate, personal representative(s), heirs and/or assigns.

I have read this consent and release of liability and fully understand its terms. I acknowledge that I am signing this document freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_