

Singing Nettle Forest Stewards (SNFS)

Photo/Name/Contact Information

Consent & Release Form

List Names of Your Child/Children:

1. _____ 3. _____
2. _____ 4. _____

(each child listed above is hereinafter referred to as "my/our child(ren)")

Note: Both parent(s)/guardian(s) need to initial each statement and sign below.

___ / ___ (initial): I/we give consent and permission to Singing Nettle Forest Stewards (hereinafter referred to as "SNFS"), its officers, directors and agents (collectively hereinafter referred to as "SNFS etc") to use images and likeness of my/our child(ren) in photographs, videos, printed material, digital media, and other forms of visual media (hereinafter, "all SNFS media") in SNFS etc's announcements, electronic messaging, advertisements, signage, newsletters and publications including but not limited to electronic email messaging, website publications and social media (collectively hereinafter referred to as "SNFS publications"), without further consent or permission and without compensation, consideration or royalties. I/we acknowledge and agree that all SNFS media and SNFS publications are the property of SNFS. I/we acknowledge and agree that SNFS etc may edit, modify, and alter images and likeness of my/our child(ren) including but not limited to blurring of facial features and facial recognition in all SNFS media without prior approval or inspection by me before use in SNFS publications.

___ / ___ (initial): I/we give consent and permission to SNFS etc to use my/our child(ren)'s and family's full names and contact information (consisting of full names, phone number, mailing address, email address) in all rosters of students/participants/attendees at SNFS learning programs for purposes of all business correspondence and records of SNFS. I/we give consent and permission to SNFS etc to use my/our child(ren)'s first name in all SNFS media and in SNFS publications. I/we give consent and permission to SNFS etc to use and disseminate my/our child(ren)'s and family's full names and contact information (consisting of full name, phone number and email address) in all rosters of students/parents of students enrolled in SNFS learning programs (hereinafter referred to as "SNFS rosters") for purposes of sharing and disseminating SNFS rosters amongst the SNFS director (Christine Shoemaker), learning guides and all parents of students enrolled in SNFS learning programs including but not limited to individual and group email communications by and between SNFS etc and students/parents. I/we give consent and permission to SNFS to provide a copy of my/our completed and signed Field Trip, Travel and Explore Day Release Form to the SNFS director, learning guide, adult chaperone or volunteer assigned to each of my child(ren) while attending and participating in Field Trips (to inform them of medicines/allergies and assist in seeking and/or administering first aid and medical care).

___ / ___ (initial): I/we acknowledge and agree to not re-distribute, forward, publish, disseminate, or use SNFS rosters for personal or professional financial gain, endeavors, pursuits, and non-SNFS activities of any kind without first obtaining written permission from each parent of a student enrolled in SNFS learning programs and the director of SNFS, Christine Shoemaker.

___ / ___ (initial): On behalf of myself, my spouse, my children, my child(ren), my heirs, my estate, my executor, my trustees and administrators, and my beneficiaries, I/we hold harmless, release from liability, indemnify and forever discharge SNFS, its officers, directors, learning guides and agents from all liability, claims and demands (including claims of negligence, and future or unknown claims and demands), costs, expense, causes of action, loss, and damage that relate to or arise or could arise directly or indirectly from or in connection with or be asserted by reason of the consent and release I/we authorize herein. **I/we acknowledge and agree that I/we have read the entirety of this**

Photo/Name/Contact Information Consent & Release Form and understand its terms and conditions. By signing below, I/we acknowledge and agree that I am/we are legally authorized to sign this form and are the parent(s) or legal guardian(s) of my/our child(ren).

_____, _____
Print Name: Parent or Legal Guardian (circle which applies), and Add Your Signature

___/___/20___
Date

_____, _____
Print Name: Parent or Legal Guardian (circle which applies), and Add Your Signature

___/___/20___
Date