**Poudre Heritage Alliance - REQUIRED Participant/Photo Waiver**

Completion of the waiver below is a REQUIREMENT of participation in Poudre Heritage Alliance (PHA) programs. Please complete/sign the participant/photo waiver form below - this is required of every employee or participant displayed in media related to PHA-funded projects. You only need to complete the waiver form once during your participation in a PHA program. If your child (under age 18) is appearing in any of your photos, please also complete the portions of the form that refer to child participants (if you have more than one child participating, we ask that you please fill out the form multiple times).  Sharing your photos will help the Cache la Poudre River National Heritage Area continue to broaden its reach and share this program with the community.  Thank you for your assistance in fulfilling the requirements of the Poudre Heritage Alliance.

**Participant and Photo/Media Release**

I agree to allow the Cache la Poudre River National Heritage Area/Poudre Heritage Alliance (“Sponsors”) to use and re‑use all submitted text and images for purposes of illustration, advertising, promotion, display or publication, and for any other lawful, non-commercial use. This consent has no limits as to media, territory or time. I understand that these images may be cropped, edited or otherwise altered and that whether any of them is used, and how it is used, is entirely for Sponsor (or its licensees) to decide. I hereby relinquish all rights to review or approve any such use. I hereby authorize the Sponsors to use my name and any biographical data I may provide in connection with this project. I hereby represent and warrant that: I have full authority to grant this consent and release. Nothing herein violates the terms of any affiliation I may have with any third party and I take full responsibility for satisfying all obligations arising from any such affiliation. I HEREBY RELEASE THE CACHE LA POUDRE RIVER NATIONAL HERITAGE AREA, POUDRE HERITAGE ALLIANCE, THEIR SUBSIDIARIES, AFFILIATES, SUCCESSORS AND ASSIGNS, TOGETHER WITH THEIR OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AGENCIES AND LICENSEES, FROM ALL LIABILITY IN CONNECTION WITH ANY USE OF THESE ASSETS.

* Your Name\*



* Address\*

Street AddressAddress Line 2CityState / Province / RegionZIP / Postal Code

* Phone\*



* Email\*



## Participating Child 1

* Participating Child's Name

If your child is participating: I hereby irrevocably give my consent for my son/daughter/legal dependent to participate in the program as described above (Enter child's name)



* Participating Child's Age



* Parent/Guardian Name



## Participating Child 2

* Participating Child's Name

If your child is participating: I hereby irrevocably give my consent for my son/daughter/legal dependent to participate in the program as described above (Enter child's name)



* Participating Child's Age



* Parent/Guardian Name



## Signature

* Today's Date\*



* Your Signature (re-enter name)\*

