PHOTO/MEDIA RELEASE – For Program Participants
OPEN OUTDOORS FOR KIDS FIELD TRIP GRANT
ADULT PARTICIPANTS (18 and older)

On this day __________(date) of ________________ (month), 201_, I, _______________________________________
Name (please print)
agree to participate in the 2018-19 Open Outdoors for Kids field trip Grant  Program (“Program”) and
that all text and images submitted to The National Park Foundation (“NPF”) /Cache La Poudre River
National Heritage Area/ Poudre Heritage Alliance (“Sponsors”) associated with the Program may be used
and re-used by the Sponsors 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 assets 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 licensee) 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 NATIONAL PARK FOUNDATION, 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.

Name: (print) _________________________________________________________________________________
Signature: _________________________________________________________________________________
Organization (if applicable): __________________________________________________________________
Address: ___________________________________________________________________________________
Address (city/state/zip): _______________________________________________________________________
Date: ___________________________________________________________________________________
ATTACHMENT D

PHOTO/MEDIA RELEASE – For Youth Program Participants / Parent / Guardian
OPEN OUTDOORS FOR KIDS FIELD TRIP GRANT

On this day ________(date) of ________________(month), 201_, I, ____________________________
Parent/Guardian Name (please print)
hereby irrevocably give my consent for my son/daughter/legal dependent:

_________________________________________________________ (Age) _____________
Youth Name (please print)

to participate in the Open Outdoors for Kids field trip Grant Program (“Program”) and that all text and
images submitted to The National Park Foundation (“NPF”) /Cache La Poudre River National Heritage Area/
Poudre Heritage Alliance (“Sponsors”) associated with the Program may be used and re-used by the Sponsors
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 the Sponsors (or their licensees) to decide. I hereby relinquish all
rights to review or approve any such use.

I hereby authorize the Sponsors to use my son/daughter/legal dependent's 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 NATIONAL PARK FOUNDATION, 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 REPORTS/MEDIA.

Signed by Parent/Guardian: ________________________________________________________________

Parent/Guardian Name (Please print)_________________________________________________________

Address:

________________________________________________________

Street Address (include suite #, building, floor # if applicable)

________________________________________________________

City

State

Zip

Home PH: _______________ Cell PH: _______________ email: ______________________________