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Cultivating healthy communities by connecting  
the arts, education, agriculture and the environment

## Willowell Photo Release Form

Date:

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Child's Name:

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I hereby authorize The Willowell Foundation, administrator of the Spring Break Adventure Camp, to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized Web sites.

I acknowledge that since my child's participation in media produced by the Willowell Foundation is voluntary, we will receive no financial compensation.

I further agree that my child's participation in any media produced by the Willowell Foundation indicates no rights of ownership whatsoever to me or my child. I release the Willowell Foundation and their employees/contractors from liability for any claims by me or any third party in connection with their participation.

PARENT'S/GUARDIAN'S SIGNATURE:

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Street Address:

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City:

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State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number:

Email

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