



Roaring Brook Nature Center

A member of The Children's Museum family

I/We, being the parent(s)/guardian(s) of the minors named below, hereby consent that the photographs taken while at Roaring Brook Nature Center may be used for reproduction in local media and/or for Roaring Brook Nature Center publicity.

Name of minor (s): _____

(please print)

Parent or Guardian Name(s): _____

Address: _____

Phone #: _____

Signature: _____

Date: _____