



Guardian Consent and Photo Release Form MacKenzie Center

School or Group name(s): _____

Teacher/Group Leader's Name: _____

Date of Visit to MacKenzie Center: _____

Name of Student/Minor Child: _____

I hereby agree to the following terms:

1. I approve my child's attendance at the MacKenzie Center.
2. I grant my child permission to participate in all activities, including those occurring in a natural setting and those involving physical activity.
3. I release from liability the State of Wisconsin, the Department of Natural Resources, and their employees, agents, and volunteers for any injuries or damages sustained in connection with my child's visit to the MacKenzie Center.

I grant the Department of Natural Resources and its agent's permission to take, use, and maintain images (photographs, videos, etc.) of my child in connection with my child's visit to the MacKenzie Center for all legitimate purposes, such as advertising and displays. I understand that my child's name will not be used in connection with such images.

Yes: _____

No: _____

Signature of Parent or Guardian

Date