Dear Parents:

We look forward to having your student visit us here at Connecticut Audubon Society’s Center at Glastonbury for an exciting day of outdoor science investigations at Earle Park! Please help your child to be prepared on the day of your program by making sure they have the following:

- The signed CT Audubon waiver (below).
- A bag lunch, water bottle, and bag to carry them in.
- The proper clothing to spend as many as four hours outside. We strongly recommend long pants to protect their legs and sturdy close-toed shoes that can get dirty as we will be hiking on uneven trails. If rainy or cool weather is in the forecast please make sure they have a warm or waterproof jacket.

CONNECTICUT AUDUBON SOCIETY (CAS)
RELEASE OF LIABILITY AND USE OF IMAGE BY PARENT/GUARDIAN OF CHILD PARTICIPANT IN CAS PROGRAM

<table>
<thead>
<tr>
<th>Child’s Name:</th>
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<tbody>
<tr>
<td>Date of Program: Academic Year 2019-2020</td>
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<tr>
<td>Name of Program: Science in Nature</td>
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I certify that my child, named above, is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society (CAS) Programs or Classes (hereafter “Programs). I understand there are possible dangers associated with the Program, including but not limited to biting and/or stinging insects, animals, adverse weather conditions, etc.

I understand that my child’s participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child’s ability to participate in the Program.

I agree that my child is participating in the Program at my own risk, and acknowledge that CAS has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _______________________________

Print Name: _______________________________ Date: ____________

I give CAS permission to photograph my child, named above, who is participating in CAS Program(s). I agree and understand that photographs, which may include my child’s image, may be used in CAS’s publications for CAS’s advertising, publicity, commercial or other business purposes. I waive any right to inspect or approve the finished version(s).

Parent/Guardian Signature: _______________________________