



Santa Barbara Botanic Garden Summer Camp Photo Release Form

I do hereby consent and agree that the Santa Barbara Botanic Garden, their employees or agents have the right to take photographs or record videos of my child _____. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. I further consent that their name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Santa Barbara Botanic Garden, their employees and agents all rights to exhibit this work in print and electronic form publicly or privately and to market or sell copies. I waive any rights, claims or interests I may have to control the use of my child's identity or likeness in the photographs or videos and agree that any uses described herein may be made without compensation or additional consideration of me.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Child's Name: _____

Parent or Guardian Signature: _____

Date: _____

Print Name: _____