



# 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 **DO/DO NOT** (circle one) 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: \_\_\_\_\_