



**PHIPPS CONSERVATORY
AND BOTANICAL GARDENS**

PHOTO RELEASE FORM

I hereby authorize Phipps Conservatory and Botanical Gardens (Phipps) to publish the photographs taken of me and/or the undersigned minor children, and our names, for use by Phipps in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Phipps, in perpetuity, and for other use by Phipps.

I release Phipps from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Phipps to use their photographs and names. I acknowledge that since participation in publications and in any and all other media produced by Phipps is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publications and in any and all other media produced by Phipps confers no rights of ownership whatsoever. I release Phipps, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Name (please print)

Address

City

State

Zip

Signature

Date

Names and Ages of Minor Children:

Name

Age

Name

Age

Name

Age

Name

Age