



## Greater Mohican Audubon Society

### ADULT PHOTOGRAPH RELEASE

I agree and understand photographs which include my image taken at Greater Mohican Audubon's *BioBlitz* at Audubon Wetlands Preserve in Ashland, Ohio on July 5, 2008 may be used in Greater Mohican Audubon's advertising, publicity, commercial or other business purposes. I hereby give GMAS permission to duplicate and distribute the photographs, or any parts thereof which include my image, in perpetuity in any manner and in any and all media, including the internet, whether known now or hereafter devised. I waive any right to inspect or approve the finished version.

I hereby release and hold harmless GMAS, the Ashland County Park District and their officers, employees, agents, licenses, successors and assigns from and against any and all claims, demands, or causes of action which I may have or may in the future have for libel, defamation, invasion of privacy or right of publicity arising from use of my appearance, name or likeness, including but not limited to, the distribution, reproduction or broadcast of the photographs (or any part thereof).

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: July 5, 2008



**PERMISSION, HEALTH AND MEDIA FORM**  
**The Greater Mohican Audubon's Bio-Blitz**  
**Audubon Wetlands Preserve July 5, 2008**

*Please Print*  
**Participant Information**

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M/F \_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone -Day \_\_\_\_\_ Cell \_\_\_\_\_ Evening \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone (day) \_\_\_\_\_

I do hereby grant my permission for the above named child to participate in The Bioblitz Audubon Wetlands Preserve July 5, 2008.

I assume all risks in connection with the program and release Ashland County Park District and all volunteers thereof from all liability. My child will follow the rules and directions of program leaders.

Signature of Parent/Guardian Date \_\_\_\_\_

**Health Information**

Name of Parent/Guardian carrying Health Insurance

\_\_\_\_\_

SS# \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

and Group Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special Health issues and/or physical limitations \_\_\_\_\_

Current Medications, if any \_\_\_\_\_

I hereby give permission to the medical personnel selected by Crown Point to order x-rays, routine tests and necessary transportation for my child. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the Crown Point staff to secure and administer treatment including hospitalization for my child as named above.

\_\_\_\_\_

Signature of Parent/Guardian Date

**Media Consent**

I do hereby give permission to use photographs and statements made by my child for GMAS publicity and program promotions unless otherwise noted.

\_\_\_\_\_

Signature of Parent/Guardian Date



## Greater Mohican Audubon Society's Bio-Blitz Reporting form - July 5, 2008

<b>TEAM:</b>	<b>RECORDER:</b>	<b>EXPERT #1:</b>
<b>START TIME:</b>	<b>END TIME:</b>	<b>EXPERT #2:</b>
<b>HABITAT CODES:</b>	F-Forest      W- Wetland      S -Stream	

#	COMMON NAME	GROUP (E.G. BIRD)	GENUS	SPECIES	VOUCHER OR PHOTO	LOCATION	NOTES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							