

## 2024 VINS Afterschool Program <u>Releases and Risk</u> <u>Acknowledgment</u>

## **Photo Release**

I grant VINS permission to use photographs of my child participating in afterschool related activities for publication in promotional materials, including but not limited to brochures, flyers, newspaper advertisements, social media, and the VINS/program partner's website.

Yes
No

## **Risk Acknowledgment and Release**

I affirm that my child/ward's participation in the VINS Afterschool Program is voluntary and understand that participation in the VINS Afterschool Program activities including hiking, nature exploration, and other outdoor activities involves inherent risks, known and unknown, which could result in injury, illness, or death. I acknowledge that the activities and their associated risks are inherent to the VINS Afterschool Program experience and without them the program would lose its essential character and value.

I also understand that, despite safety precautions the VINS Afterschool Program cannot guarantee that my child/ward will not be injured. I am willing to assume these risks.

I, for myself and for my heirs, personal representatives, and assigns, and each of them, do hereby forever release and fully discharge the Vermont Institute of Natural Science, and its officers, agents, volunteers, and employees, affiliates, representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any VINS Afterschool program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

Parent/Guardian Name:	

Parent/Guardian Signature		Date:	
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