

33 Gallows Lane
New London, CT 06320
Phone (860) 442-0391
Fax (860) 442-5008
www.dnaepicenter.org
programs@dnaepicenter.org



Photograph Release Form For Child Visitor (Under Age 18)

Please check the appropriate lines and complete the information requested at the bottom of the page.

Photograph Permission

 I give permission for photographs of _____ to be posted on the DNA
Yes EpiCenter website and/or in DNA EpiCenter marketing materials. These photographs will be
used to show activities that are happening with projects and activities in or around the DNA
EpiCenter and/or out in the community.

 I do not give permission for photographs of _____ to be posted on the
No DNA EpiCenter website and/or in DNA EpiCenter marketing materials. These photographs will
be used to show activities that are happening with projects and activities in or around the DNA
EpiCenter and/or out in the community.

Name Permission

 I give permission for _____ name to be used with these
Yes photographs, as captions to photographs, and/or in text in other areas of the website or
marketing materials.

 I do not give permission for _____ name to be used with these
No photographs, as captions to photographs, and/or in text in other areas of the website and/or
marketing materials.

The parent or legal guardian must sign below.

Print Name: _____ Signature: _____

Relationship: _____ Date: _____

OFFICE USE ONLY

Name of Event _____

Date _____