The Children's Museum Photo/Multimedia Release Authorization

I/We, being the parent(s)/guardians(s) of minors named below, hereby consent that the photographs, videotapes, motion picture film and/or audio recordings of his/her/their voice(s), taken while at The Children's Museum, its assigns or successors, be used in whatever way they desire in any medium, including print, radio, television; and any other form of electronic communication; furthermore, I/we hereby consent that such photographs, films, recordings, and the plates and/or tapes or disks from which they are made shall be the property of The Children's Museum. The Children's Museum has the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recording, plates and/or tapes or disks as they may desire free and clear of any claim whatsoever on my/our part.

min or nama(s).

minor name(s).	(plea	se print)		
	(plea:	se print)		
	(plea	se print)		
parent or guardian name(s):	(plea:	se print)		
address:	(number and street)		(apt. no.)	
_	(city)	(state)	(zip)	
phone:	phone: (please		print)	
have hereunto set my hand in	the State of Conne	cticut this		
of, 20	_		(day of month)	
SIGNATURE:				



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