

 $700\ Broadway\ Street,\ Thermopolis,\ WY\ 82443 \bullet (307)\ 864-5183 \bullet hschistory @rtconnect.net \bullet www.wyomingruralschools.com$ 

## **Consent to Participate and Photo Release Form**

Name of Child:\_\_\_\_\_Date of Birth:\_\_\_\_\_

## CONSENT TO PARTICIPATE

I, parent /guardian of the above-named child, consent to my child's participation in the Wyoming Rural School Experience program organized by the Hot Springs County Museum and Cultural Center on \_\_\_\_\_\_.

I agree that my child's participation in the Wyoming Rural School Experience is voluntary. I agree to not hold the Hot Springs County Museum and Cultural Center liable for or responsible for any loss or injury sustained to my child arising in connection with his/her participation in the Wyoming School Experience Program.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Emergency Contact Numbers:\_\_\_\_\_

## **PHOTO RELEASE**

The Hot Springs County Museum and Cultural Center has my permission to use photographs of my child to promote the Museum and the Wyoming Rural School Experience. I understand the photographs may be used in print and online publications, presentations, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Please visit our website: **WyomingRuralSchools.com** and Instagram page: **#oneroomschoolhousewy** for photos of the children's experience.

Initial one: Consent for photo	release Denial of consent to release	
Parent/Guardian Signature:	Date:	