



Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. *Photography Permission Release*

- I authorize the Buffalo Zoo to take and use photographs and videotapes of the minor(s) listed above, of whom I am a legal parent/guardian, for purposes of its public relations and advertising activities. I understand that I will receive no compensation for such use.
  
- I DO NOT authorize the Buffalo Zoo to take and use photographs and videotapes of my child for the terms and conditions stated above. I do understand the Buffalo Zoo is not responsible for photographs taken for personal purposes by other participants, staff, and volunteers of the Zoo Teen Naturalist Program.

3. Please list any special health conditions to be watched for such as allergies, reactions to drugs, etc.

4. Please read carefully and sign: In case of emergency or illness (when parent cannot be reached), I hereby give my permission to the Buffalo Zoo to secure treatment for my child (children).

**Parent Signature:** \_\_\_\_\_