CHEYENNE MOUNTAIN ZOO

Signature of Parent or Guardian

RELEASE AND WAIVER OF PHOTOGRAPHIC IMAGE

I hereby consent to and authorize the use and reproduction by Cheyenne Mountain Zoo, or anyone authorized by Cheyenne Mountain Zoo, of any and all photographs and/or video footage depicting me and /or my child(ren) this day for any purpose, without compensation to me. All images and prints thereof, are owned by Cheyenne Mountain Zoo. Cheyenne Mountain Zoo reserves the right to use these photographs in any of its print, broadcast, social media, digital or electronic publications and/or in any advertising materials or other advertising and promotional purposes.

I hereby acknowledge that I have read and	understood the terms of	of this release.		
IN WITNESS WHEREOF, the Agreement	is executed this	day of	, 20	
Name of Photo/Video Subject(s) (Please Pr	rint)			-
Signature	Date			
Phone				
Email address		-		
Address				
City	State	Zip Code		
Name of Parent or Guardian				
Signature of Parent or Guardian		Date		
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Phone				
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City	State	Zip Code		
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Date _