



Adventures on the Hill
820 6th St. NE
Washington D.C. 20002
(202) 697-6807

MEDIA / PHOTO RELEASE FORM

As the parent of a child/children at Adventures on The Hill, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed during normal summer camp hours, field trips, or activities.
- I understand that these photographs may be used in my child's folder, school newsletters, the Adventures on The Hill website, and/or Facebook page.
- I give permission for my child(ren)'s photographs to be posted to the center wall, website, Facebook page, or newsletters. (When names are added, only first names will be used.)

The following are the names of my children attending Adventures on The Hill:

_____	_____
_____	_____

Name (Please Print) _____

Signature _____

Date _____