

Turtle Point Science Center  
20959 Highway 31  
Flomaton, Alabama 36441  
(251) 296-3401 phone  
(251) 296-3402 fax



## RELEASE FROM LIABILITY AND PARENT PERMISSION FORM

### Photo Release and Permission to Contact

I give permission for any photos or videos taken of my child or any artwork made by my child during the educational program provided by Turtle Point to be used for the public relation of the program. I give permission for Turtle Point to contact me regarding future programs and promotions.

In consideration for being offered an opportunity to participate in activities provided by Turtle Point Science Center: I, the undersigned, do hereby waive, for myself and my estate, any rights to claim for damages, incident to death, or any bodily injuries whatsoever that may result during the period of participation. This waiver of damages shall apply likewise to any minors for whom I am legally responsible.

This instrument releases the Escambia County Board of Education, its schools, Turtle Point Science Center, and all employees of the above institutions for death or bodily injury to the undersigned or to minors for whom I am legally responsible.

NAME \_\_\_\_\_ (please print or type)

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOR STUDENTS WITH **SEVERE ALLERGIC REACTIONS** TO PLANTS, ANIMALS OR INSECTS. MY CHILD IS ALLERGIC TO \_\_\_\_\_.

### I HAVE READ THE INSTRUMENT AND FULLY UNDERSTAND ITS INTENT.

I give my permission for my child, \_\_\_\_\_ to attend.  
(Full Name)

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By law, the Turtle Point Staff **CANNOT** dispense any medications—prescription or otherwise. First aid, if required, will consist of the application of water, ice, and/or band-aid. If other measures are necessary, we will attempt to contact you at the above phone number before seeking further medical assistance.