HUMANE SOCIETY

V3.09032015

Information collected here will be kept private and used solely for the purposes of this program. This program is targeted for ages approximately **ages 8 to 14**. Once you have completed the packet, please return to Lizzy Brown, Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201. If you have any questions, please call us at **413-447-7878 x129**.

CHILD S NAME:						
NICKNAME:	DATE OF BIRTH:			AGE:	MALE/FEMALE:	
T-SHIRT SIZE: PLEASE CHECK THE APPROPF	CHILD					
GUARDIAN			/ AL	-		
NAME:			_ DAY PHO	DNE:		
ADDRESS:			EMAIL:_	MANDA	NTORY FOR WORKSHOP SCHEDULE	
CITY:						
EMERGENCY INFORMATION						
PLEASE INDICATE THE FIRST PERSON TO CO	ONTACT IN AN I	EMERGENCY:				
NAME:				RELATIONS	SHIP:	
DAYTIME PHONE:	CELL NUMBER:					
MEDIA RELEASE						
Please read and sign the following statemer	nt if you accept	this disclosure:				
n consideration of the above, I				_,the Parent/Guardian of the participating		
Humane Hero Program, herby consent to Be	erkshire Humaı	ne Society photog	graphing, fi	Iming and a	audio visual taping of my child.	
This media may appear in Berkshire Human	e Society's we	bsites, advertise	ments, pro	motional or	informational materials includ-	

ing but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation

for these images/or sounds of my child.

RELEASE WAIVERS: I understand the release policy as described above and authorize Berkshire Humane Society to release my child to the person(s) listed above. I have read and understood the above Media Release and agree to its term and conditions.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date