

CATSKILL MOUNTAIN  
FOUNDATION INC.



**SUGAR MAPLES**  
CENTER FOR CREATIVE ARTS

518-263-2001

**Art Explorer's Enrichment Experience  
Virtual Classroom 2020  
PHOTO & VIDEO RELEASE FORM**

I agree and understand that the Art Explorers Enrichment Experience Virtual Classroom and the Catskill Mountain Foundation reserve the right to film, photograph, and document the likeness of program participants, which are intended for use in promotional materials and publications.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Art Explorer's Enrichment Experience  
Virtual Classroom 2020  
Release Form**

**PLEASE READ, FILL IN CHILD'S NAME, SIGN, DATE AND RETURN**

I grant permission for \_\_\_\_\_ to attend the Sugar Maples Art Explorers Enrichment Experience Virtual Classroom. I take full responsibility for his/her welfare in consideration of the program. I, intending to be legally bound for myself, my heirs, executors, and administrators, do waive and release any and all claims and rights of damage I may have against the Catskill Mountain Foundation, either representatives, successors or assigns for any and all injuries suffered by my son/daughter in said program.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date