Dear Parents,

From time to time throughout the year, an occasion may arise where we would like to publish a photo of your child, and your child’s name in print and/or in online publications of Black Swamp Bird Observatory, Ohio Young Birders Club, and/or all chapter partners. By signing this form you are giving us permission/denying us permission to publish your child’s photograph and name.

☐ Yes, you have my permission to publish my child’s photograph and name.

☐ No, you do not have my permission to publish my child’s photograph and name.

Child’s Name: ________________________________________________________________

Printed Name of Parent/Guardian: ____________________________________________

Signature of Parent/Guardian: ________________________________________________

Date: (mm/dd/yy) __________________________

Please complete and return form to:
Black Swamp Bird Observatory • 13551 West State Route 2 • Oak Harbor • Ohio • 43449