



MEDIA RELEASE FORM
COWICHAN VALLEY NATURALISTS

Date: _____

Student Name: (Last) _____ (First) _____
(please print)

I hereby authorize the Cowichan Valley Naturalists organization to take and/or allow pictures, video and/or the name of my child to be taken/used for our newsletter and/or our website.

Parent's Name: (Last) _____, (First) _____

Parent/Guardian Signature: _____