

I, as parent or legal guardian, authorize my child, _____
to participate in *The Journey* arts program sponsored by The Olana Partnership,
which may include use of equipment, use of facilities, and necessary preparatory
activities.

I further release Olana State Historic Site and The Olana Partnership, its employees and
assigns from any and all liability for personal injuries and/or property damage sustained
by my child, or any claim which I may have as parent/guardian, arising directly or
indirectly in connection with this program, except in the case of negligence.

In case of injury I authorize Olana/Journey Staff to take my child to a doctor or to a
hospital for treatment. **This authorization and release is valid for July 13 - August 7,
2010**, unless withdrawn by me in writing, which withdrawal shall be effective at the time
of the receipt by Olana State Historic Site.

Signature of Parent or Guardian

Date

New York State Office of Parks, Recreation and Historic Preservation
Taconic Region – PO Box 308, Staatsburg, NY 12580
Olana State Historic Site
5720 Route 9G, Hudson, NY 12534
(518) 828-0135

Photo Release for Children Under 18 Years of Age

I hereby grant permission to New York State, its agencies and assigns to use my dependent's photograph on their World Wide Web sites or in other official printed publications without further consideration, and I acknowledge the aforementioned reserve the right to crop or treat the photograph at their discretion. I also acknowledge that New York State, its agencies or assigns may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that if my image is posted on a website maintained by New York State, its agencies or assigns, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims New York State, its agencies and assigns.

The aforementioned reserve the right to discontinue use of photos without notice.

Dependent's Name: _____

Dependent's Address: _____

Name of Parent or Guardian: _____

Address: _____

Phone: _____

Email: _____

Usage Restrictions: _____

I certify that I am a custodial parent or legal guardian and have the aforementioned rights to assign.

Signature: _____ Date: _____