

# Plants for Human Health

I N S T I T U T E

We are looking forward to hosting your child at the Plants for Human Health Institute. We may be taking photos for our program's use to record the day's activities and share with the community. Local media may also cover the event. Please complete this permission slip and return prior to the field trip.

Permission to Use Photographs  
Subject: PHHI Field Trip  
Location: NC Research Campus

I \_\_\_\_\_ (*Parent/Guardian*) grant to NC State University, Plants for Human Health Institute (PHHI), the right to take photographs of \_\_\_\_\_ (*Student*) in connection with the PHHI Field Trip. I authorize NC State University, Plants for Human Health Institute, to copyright, use and publish the photographs in print and/or electronically, with or without his/her name for any lawful purpose, including, for example, publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_ (*Parent/Guardian*)

Printed name \_\_\_\_\_ Date \_\_\_\_\_

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