



New York Hall of Science



MODEL RELEASE FORM

I give my consent to the **New York Hall of Science** to use my name, voice, verbal statements and portrait or picture (motion or still) for publications, advertising purposes, purposes of trade or any lawful purposes whatsoever.



Name (please print) _____

Address: _____

Phone: _____ Date: _____

Signature: _____

(parent or guardian for children under 18)

Notes:

