



Minnesota Department of Natural Resources
 Minnesota Project Learning Tree
 500 Lafayette Road, St. Paul, MN 55155-4044
 651/259-5263. toll free 888/646-6367, TTY 800/657-3929



American Forest Foundation  
 1111 Nineteenth Street, NW, Suite 780
 Washington, D.C. 20036
 www.forestfoundation.org

Photo Release Form

Individuals over the age of 18 may sign for themselves; those under 18 must have this release signed by their parent or guardian.

I understand that the State of Minnesota and the DNR will not intentionally distort or misrepresent these images and sounds in the use of them.

I give permission and rights to the State of Minnesota and the Department of Natural Resources (DNR) to record my performance and to use images of me, my performance and my sounds. I understand that this use includes the rights to reproducing, publishing, publicly displaying, distributing, licensing, and assigning said recordings together with the copyright to these recorded images in all formats.

I agree not to sue and to hold harmless the State of Minnesota and its officials, employees, contractors and licensees from any claims or damages arising from use of these recorded images and sounds of me and my performance.

I authorize my name to be used in connection with all uses of these recorded images and sounds.

I am over 18 years old and have the right to contract in my own name. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. (If the recorded images, performance and sounds are of a minor, I am the legal guardian signing on behalf of the minor.)

I understand that I will not be paid for any of the uses of these recorded images and sounds.

I hereby consent to the use of this photograph of my child/dependent/self and/or any copies of this photograph in any editorial and/or promotional material produced and/or published by Project WET, Project WILD, MinnAqua, or the American Forest Foundation (AFF) and its program Project Learning Tree (PLT).

I waive all rights to inspect, approve or control how these recorded images and sounds will be used by the State of Minnesota and the DNR.

I understand that signing this release does not guarantee publication of the photo.

 Name of person photographed (PLEASE PRINT) Age (if minor)

 [title, if applicable]

 [organization, if applicable]

 [facility name, if applicable]

 Address, City, State, and Zip Code

 Signature Date