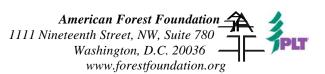


## **Minnnesota Department of Natural Resources**

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



## **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 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, distrubting, licensing, and assigning said recordings together with the copyright to these recorded images in all formats.

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

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

I waive all rights to inspect, approve or control how these recorded images and sounds will be used by the State of Minneosta and the DNR. 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 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 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 hereby consent to the use of this photgraph 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 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	