

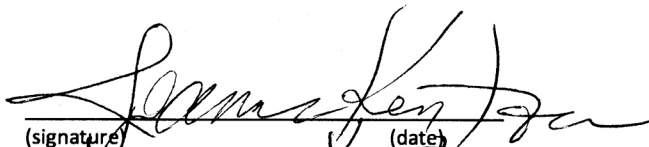
500 Lafayette Road
St. Paul, MN 55155-4040
651-296-6157, 888-646-6367 or through the Minnesota Relay Service at 711 or 800-627-3529

10/23/25

Talent Release Form

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 reproduce, publish, publicly display, distribute, license, and assign any such recordings. I understand that the State of Minnesota and the DNR holds the copyright to these recorded images and sounds in all formats. I further understand that I hold no intellectual property rights on the images and recordings.

- 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 Minnesota and the DNR.
- I understand that the State of Minnesota and the DNR will not intentionally distort or misrepresent these images and recordings.
- I agree to not 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.)


 (signature) _____ (date) _____
 Jeanne Henton
 (print name) _____

 (title, if applicable) _____

 (organization, if applicable) _____
 7031 ENSIGN AVE S
 (facility name, if applicable) _____
 ST LOUIS PARK 55426
 (address) _____

 (city, state, zip code) _____

Complete if subject is a minor:

 (signature of legal guardian) _____ (date) _____

 (print name) _____

 (relationship to minor) _____

 (organization, if applicable) _____

 (address) _____

 (city, state, zip code) _____

 (telephone number) _____