



PHOTO/VIDEO RELEASE FORM

Event /Date _____

I hereby give _____ (name of photographer/videographer) (the "Photographer/Videographer") permission to take photographs/video of the individual named below, or photographs/video in which the person may be involved with others, for use in informing the general public about the Leave No Trace Center for Outdoor Ethics ("the Center") events or programs. It is understood that such use may include publication in the Center's print or electronic media, as well as possible use in materials distributed to print and electronic press organizations in conjunction with their coverage of Leave No Trace. I hereby grant permission to the Center and the Photographer/Videographer to edit, crop, or retouch such photographs/videos, and waive any right to inspect the final photographs/video, prior to the Center's or the Photographer's use of the photographs/video.

I acknowledge that all photographs/video become the property of the Leave No Trace Center for Outdoor Ethics and/or the Photographer/Videographer, and I agree that I will not be compensated for any use of the photographs.

I hereby release and discharge the Photographer/Videographer and the Leave No Trace Center for Outdoor Ethics from any and all claims arising out of the use of the photographs.

I am 18 or older. I have read the above statement and fully understand its contents and I have signed below knowingly and voluntarily on behalf of myself and/or my minor children.

Signature: _____ Date: _____

Name (Please Print): _____

Address: _____

Phone: _____

Name of Minor (if signing for minor): _____

Address of Minor: _____

Relationship to Minor: _____