PHOTO/VIDEO RELEASE FORM

I hereby grant the Maryland Department of Natural Resources (the "Department") the irrevocable right and permission to use photographs and/or video recordings taken of me and or my child for any lawful purpose including, but not limited to, Department and other websites and in promotional activities and materials, educational activities and materials, media relations activities, derivative works, or for any other similar purpose without compensation to me Use of photographs and video recordings will be decided by the Department, and could include use by partner organizations. Photographs and video recordings will not be sold or used for commercial purposes.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the Department.

I hereby release, acquit and forever discharge the State of Maryland, the Department, its current and former officers, agents, and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Name of Individual Photographed/Recorded (Print): _____Date: _____

Signature of Individual Photographed/Recorded: _____

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

_____ _____

Signature of Parent/Guardian of Individual Photographed/Recorded Date

Printed Name of Parent/Guardian: _____

----------FOR DNR USE ONLY----------

Name and Signature of DNR Employee Witness: _____

DNR USE ONLY
Location:_____
Subject:_____