AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH

I hereby give my informed written consent for the making of photographs, motion picture films, videotape and sound recordings of ___________________________ for use as part of the Pennsylvania Parks and Forests Foundation and its Friends Groups and/or its client’s materials, public information, educational, and fund raising or for any other purpose the Pennsylvania Parks and Forests Foundation and its Friends Groups deems appropriate, in accordance with standards of good judgment.

The undersigned agrees that the Pennsylvania Parks and Forests Foundation and its Friends Groups may use and permit other persons or organizations to use the subject’s identity, along with digital images, likenesses, photos, prints, negatives, CDs, DVDs or videos prepared from such photographs, films, videotapes or sound recordings for release to the public, including the news media.

Furthermore, said photographs, identity, voice or videotaping is hereby deemed free of copyrights, royalties, or fees, other than consideration/fees paid at the time of the original photo/video shoot, and may be duplicated and/or used in promoting the Pennsylvania Parks and Forests Foundation and its Friends Groups and/or its clients on the world wide web, by broadcast media and in printed publications, including but not limited to flyers, brochures and advertising.

I understand and agree that such material may be used by the Pennsylvania Parks and Forests Foundation and its Friends Groups, its clients, and agents in perpetuity.

The undersigned and his or her successors or assignees hereby hold the Pennsylvania Parks and Forests Foundation and its Friends Groups harmless from and against any liability, claims, demands or compensation resulting from the activities authorized by this agreement.

__________________________________________  ________________
Signature                                      Date

__________________________________________
Print Name

If subject is under 18 years old:

__________________________________________  ______________________
Date of Birth                                   Signature of Parent/Guardian

__________________________________________  ______________________
Street Address                                  City

___________________________  ______________________
State                                   Zip Code

Telephone

__________________________________________
Email

__________________________________________  ________________
Witness Signature                             Date

Nature of initial project: