



PHOTO AND VIDEO RELEASE FORM

Please print legibly

Participant Name(s) _____

Mailing address _____

City _____ State _____ Zip _____

Primary phone _____ Home Cell Work

Secondary phone _____ Home Cell Work

E-mail address _____

The undersigned, on behalf of the abovementioned participant, in connection with his/her participation in the Department of Conservation and Recreation gives my permission for the Commonwealth of Massachusetts, including its DCR to use photographs and/or video of me for publicity and media purposes, including but not limited to internet publication and inclusion in any DCR publication.

I understand that this is an important waiver of my rights.

Signature

Date

If Participant is under 18 years of age:

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Parent/Guardian's Mailing address _____

City _____ State _____ Zip _____

Parent/Guardian's Primary phone _____ Home Cell Work