



Illinois Department of Natural Resources

Printed Name: _____ (required)

Title of Workshop: _____ (required)

Date of Workshop: _____ (required)

Workshop Release Form

1. By signing below, I agree and acknowledge that I am voluntarily participating in an ENTICE workshop and that I assume all responsibility for injury or losses that may result from my participation and release the Illinois Department of Natural Resources and its staff from all liability that may arise from my participation.

Signature _____ (required)

2. I agree to hereby grant to the Illinois Department of Natural Resources unlimited right to the use of photographic images and audio and/or video recordings of me while participating in an ENTICE workshop, including such alterations, additions and/or editing as deemed necessary and appropriate by the Illinois Department of Natural Resources. **If you agree to this statement, you must complete the Image/Audio Release Form.**

**PLEASE COMPLETE THE IMAGE/AUDIO RELEASE FORM
IF YOU AGREE TO STATEMENT #2.**

Shared Contact Information Release Form

3. The Illinois Department of Natural Resources' Division of Education sends information to people who have expressed interest or participated in natural resources education workshops. Occasionally the Division of Education will share contact information with other interested parties within the Illinois Department of Natural Resources. If you **DO NOT** want your information shared, please sign below.

Signature _____



IMAGE/AUDIO/VIDEO RELEASE FORM – GENERAL PUBLIC

[Print Name] I, _____, hereby grant the Illinois Department of Natural Resources (DNR), or its authorized representatives, contractors and licensees, the right to make visual recordings, audio recordings, still images, and/or to otherwise capture material of me and/or my minor child under my control at the time the material is collected and agree that the material will become the property of DNR and will not be returned.

I agree that DNR and its assigns and licensees have the right to reproduce, prepare derivative works of, distribute or display, sell and use these materials in whole or in part, for government or non-government purposes, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages throughout the world including, but not be limited to, audiovisual programs; museum exhibits; Web sites; publications; product artwork; mobile phone applications and project publicity.

I waive the right to inspect or approve any use of the material and any right to royalties or other compensation arising or related to the use of the material and I agree to indemnify, hold harmless, and release and forever discharge DNR and the State of Illinois from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons active on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

DNR IMAGE/AUDIO/VIDEO RELEASE SUBJECT INFORMATION

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Organization/Group (if applicable): _____

Name of Event (if applicable): _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of _____, named above, and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature/Date: _____

Parent/Guardian's Printed Name: _____