



Image/Audio Release Form

[Print Name] I, _____ hereby grant to the Illinois Department of Natural Resources (DNR), or its authorized representatives and contractors, 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 have the right to reproduce, prepare derivative works of, distribute or display 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; 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 on the back of this form and I fully understand the contents, meaning and impact of this release.



DNR Image/Audio Release Subject Information

Photo Video Audio Recording (Please check for all media used for recording)

Location/Event: _____

Signature/Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

Organization/Group (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: _____