Media Release Form

State of Alaska Department of Natural Resources Office of Boating Safety

This is a request for permission to use a person's image, voice and/or name in various media projects. Please read the following, then sign and date where indicated.

Event/Activity: _____ Date(s):_____

For and in consideration of the opportunity and privilege of appearing or participating in one or more video or audio recordings, sound tracks, films, photographs or written articles, I hereby consent to the use and editing thereof, and release without limitation and agree to hold harmless the State of Alaska Office of Boating Safety and its employees, assignees, and agents from any and all claims resulting from such use and editing of said media, and the use, editing and release of said media to newspapers or magazines, radio and television, and use on the internet, and do not expect or require compensation for, or approval of, the layout and designed use of said media.

Yes – I consent

No – I do not consent

Participant name: _____

Participant signature: _____ Date: _____

A parent or legal guardian signature is required if participant is under 18 years:

Parent or legal guardian name:	
<u> </u>	
Parent or legal guardian signature:	Date: