

MEDIA RELEASE FORM

State of Alaska, Department of Natural Resources Division of Forestry & Fire Protection



I hereby authorize the State of Alaska, Division of Forestry & Fire Protection (DOF) to take and use photographs and/or video recordings of my student

(Insert Name) and further grant my permission for DOF to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing DOF programs or other lawful purpose without payment or any other consideration. DOF will only use such materials for nonprofit/educational purposes.

I agree that I am donating this material and that I waive any right to royalties or other compensation arising or related to the use of the materials. I understand that such materials will become the property of DOF and will not be returned to me. I agree that DOF may share such materials with its partner agencies. I waive approval of the layout or designed use of said items prior to the publication.

I understand these photos may appear in social media such as Facebook, Twitter, YouTube and other educational and promotional materials in print and presentations to the public.

I also agree to hold harmless, the State of Alaska, DOF, and its agents, successors, assignees, subsidiaries, subareas, and or affiliates and partner agencies for the use of such materials.

I, the undersigned, being the parent/guardian of the above named minor, do hereby consent to the above authorization and general media release.

□ Yes – I consent

Participant name:	
Participant signature:	Date:
A parent or legal guardian signature is requi	red if participant is under 18 years:
Parent or legal guardian name:	· · ·
Parent or legal guardian signature:	Date:
To be completed by Event Name:	DOF Personnel:

	To be completed by DOF Personnel:
Event Name:	
Location:	
Event Date:	
DOF Instruct	tor/Personnel: