



# Model Release Form

I hereby grant Orient Land Trust (OLT) permission to use my likeness, including nudity, in a photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of OLT and will not be returned.

I hereby irrevocably authorize OLT to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing OLT's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge OLT from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting 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. I agree to indemnify and hold OLT harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Do not use my image/likeness if I can be identified

Do not use my image/likeness if I am nude

Do not use my name if I can be identified

Do not use my name if I am nude

**Signature/Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (please include area code):** \_\_\_\_\_

**Organization/Group Name (if applicable):** \_\_\_\_\_

I hereby certify that I am the parent or 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** \_\_\_\_\_



# Photo/Video Release Form

I hereby grant Orient Land Trust (OLT) permission to use the media described below, in any and all publications, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that OLT has permission to use these media, but I continue to hold copyright.

I hereby irrevocably authorize OLT to edit, alter, copy, exhibit, publish or distribute this media for purposes of publicizing OLT's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I waive any right to royalties or other compensation arising or related to OLT's use of this media.

I hereby hold harmless and release and forever discharge OLT from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting 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. I agree to indemnify and hold OLT harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the media.

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## Media Format

Photo/Digital Photo

Video/Digital Video

Audio

Artwork/Illustrations

Writing

Other: \_\_\_\_\_

Description of Media: \_\_\_\_\_

I **want** / **do not want** credit to me to appear for the above media (circle one)

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**Signature/Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (please include area code):** \_\_\_\_\_

**Organization/Group Name (if applicable):** \_\_\_\_\_

I hereby certify that I am the parent or 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** \_\_\_\_\_