

## **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 ident	ntified
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	te: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	