

Ontario Parks
Ministry of the Environment, Conservation and Parks
Model Release Form and Photo Release Form

Model Release Form

Date _____ Photographer _____

Location _____ Description _____

I hereby declare that I am of the full age of eighteen (18) years or more.

I hereby consent that any photograph, motion picture or video images taken in which I appear, may be used by Killbear Provincial Park (or Ontario Parks or the Ontario Ministry of Environment, Conservation and Parks), its nominee or its clients for as long as they wish in publications, posters, exhibits, audio-visual presentations, news releases, advertisements, websites and related communications media without any acknowledgement to me and irrevocably waive any right I may have to inspect or approve any such use.

I hereby also irrevocably waive all rights including any rights I have or may have in relation to the publication of such image(s) in various contexts and the right to control the use or distribution of such image(s).

Name of model (please print) _____

Address _____

_____ Postal Code _____

Signature _____ Date _____

Signature or Parent or Guardian _____ Date _____
(if model under 18 years of age)

Photo Release Form

I hereby declare that I am of the full age of eighteen (18) years or more.

I hereby consent that any photographs I have submitted for the Killbear Photo Contest may be used by Killbear Provincial Park (or Ontario Parks, and the Ontario Ministry of Environment, Conservation and Parks), its nominee or its clients for as long as they wish in publications, posters, exhibits, audio-visual presentations, news releases, advertisements, websites and related communications media without any acknowledgement to me and irrevocably waive any right I may have to inspect or approve any such use.

I hereby also irrevocably waive all rights including any rights I have or may have in relation to the publication of such image(s) in various contexts and the right to control the use or distribution of such image(s).

Photograph Description _____ Location _____

Photographers Name (please print) _____

Signature _____ Date _____

Signature or Parent or Guardian _____ Date _____
(if under 18 years of age)