

## Consent and Photo Release MacKenzie Center

Group and/or name(s)

\_\_\_\_\_

Date of Visit to the MacKenzie Center \_\_\_\_\_

Individual Student's Name (if necessary) \_\_\_\_\_

I hereby grant the DNR permission to take photographs of our group and all our participants and consent to authorize the use and reproduction of such photographs for all legitimate purposes, such as advertising, display, exhibition and art purposes. I also consent to the use of our name in connection with such photographs.

I further consent to the use of my photograph by any nominee or designee of the DNR including any publisher or agency, and such picture(s) may be used for all of the aforesaid purposes without any limitation or reservation.

\*One form per school group is appropriate. Thank you.

\_\_\_\_\_

Group Leader's Signature

Title

Group Leader's Name

(printed): \_\_\_\_\_

Date: \_\_\_\_\_

-OR-

\_\_\_\_\_

Signature (Parent or Guardian – if above is a minor)

Date