



PHOTO RELEASE FORM
Indian River Lagoon Envirothon

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I hereby agree that all photographs, video recordings and audio recordings made of me for purposes of publicity, illustration, advertising, or publication about the Indian River Lagoon Envirothon by authorized personnel may be used by the Indian River Lagoon Envirothon without compensation to me.

SIGNATURE: _____

Parent or Guardian must sign for minors (under the age of 18)

Parent or Guardian Name: (Print) _____

Address: _____

Parent Signature: _____

Teachers: Please copy and distribute this form to students and submit completed forms at the registration desk on the day of the event.