ONTARIO PARKS

Ministry of the Environment, Conservation and Parks (MECP)

Model Release Form

Date:_____ Photographer/Videographer:_____

Location and description of Images: _____

Thank you for your support of our provincial parks.

By signing this form, you agree that you may be photographed or appear in video materials taken by Ontario Parks staff members. The images in which you appear may be used by Ontario Parks and MECP for promotional purposes. This will support Ontario Parks' goals of conservation, education, and making the natural world accessible to all.

You agree that MECP would have the right to, among other things, use, modify, display, copy, broadcast or distribute the images. You understand that these materials may appear on television, radio, the internet, print publication (*e.g.* posters or newspapers), or any other form of media. You understand that the use, reproduction or display of the images does not entitle you to any financial or other compensation. You agree that Ontario Parks, MECP and the Government of Ontario have no control over and are not responsible for any use or misuse by third parties.

You agree to release and hold harmless MECP and the Government of Ontario, including their legal representatives, employees, agents or any person acting on their behalf, from any and all actions, claims, known or unknown that you may have in the future, arising out of the use, reproduction, or display of the images.

For any questions, you can email us at op-concerns.comments@ontarioparks.com.

PRIVACY NOTICE

Ontario is committed to protecting your privacy and personal information**.** Personal information is collected by Ontario Parks pursuant to the authority in section 29 of the *Provincial Parks and Conservation Authorities Act, 2006* for purposes related to this Model Release Form. For more details regarding the collection and use of personal information by the Ministry please contact:

Name: _____

Address:_____

Telephone:_____

Email: _____

I am 18 years of age or over. I have read and understood this form. I give this consent voluntarily and I understand that by signing below I agree to be bound by the form's contents.

Name (last name/first name): _____ (please print)

Signature:_____

Print Name:_____Date: _____

If the individual is not yet 18 years of age, a parent or legal guardian must sign below.

I am the parent or legal guardian of the individual named_____ who is a minor under the age of eighteen (18) years. I have read and understood this form and agree to bound by the form's contents. I warrant that by signing below I give this consent voluntarily on behalf of the individual named.

Name (last name/first name): _____ (please print)

Signature:_____

Print Name:_____Date: _____