

## OCSNRS Consent Form

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby give the OCSNRS permission to record my

\_\_ Photograph

and I waive any proprietary rights I may have to them. I understand that OCSNRS may wish to use this likeness of me in a number of ways, including OCSNRS websites, publications or advertising, to provide information to the public and/or promote programs and activities, and I grant them permission to do so.

I hereby release the OCSNRS committee from any and all claims, actions and liability for damages, losses or expenses of any sort which may arise in connection with the use of these likenesses.

I acknowledge I have read and understood the contents of this form, and have been given full opportunity to discuss the implications of this consent of my own free will and my decision is not based upon representations or advice by representatives of the OCSNRS

I hereby give my consent, dated this \_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_

Signature of Parent or Guardian if subject is under age 19:

\_\_\_\_\_

Print Name: \_\_\_\_\_