ONTARIO PARKS

Ministry of the Environment, Conservation and Parks (MECP)

Model Release Form

Date: ___________________________ Photographer: ________________________________

Location and description: __________________________________________________________

Thank you for your support of our provincial parks.

By signing this agreement, 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. Usage could include in publications, posters, exhibits, videos, presentations, news releases, advertisements, and any other media.

You are aware that these materials may appear on television, radio, internet, social media, newspaper, or any other form of publication or media. You acknowledge that Ontario Parks and the Ontario government have no control over and are not responsible for any use or misuse by third parties.

For any questions, you can email us at op-concerns.comments@ontarioparks.com. Ontario is committed to protecting your privacy and personal information.

The handling of personal information by the Ontario government is governed by the Freedom of Information and Protection of Privacy Act. For more information, please visit: Ontario.ca/en/general/004228

Address: ___________________________________________________________________
Telephone: _________________________________________________________________
Email: ______________________________________________________________________

I am 18 years of age or over. I have read this form. I give this consent voluntarily and I understand and agree to be bound by its contents.

Signature: _________________________________________________________________
Print Name: ___________________________________________ Date: _______________

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

I am the parent or legal guardian of the individual named ____________________________
I have read this form. I give this consent voluntarily on behalf of the individual named and I understand and agree to be bound by its contents.

Signature: _________________________________________________________________
Print Name: ___________________________________________ Date: _______________