



MOTE MARINE LABORATORY & AQUARIUM PHOTO/VIDEO/TEXT RELEASE FORM

Name: _____

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1. To photograph, film, audiotape, interview and/or take recordings of any kind on any media of the participant(s) listed above during any Mote program, event or visit to Mote Aquarium.
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4. To publish or reprint information provided by the participant(s) listed above on their experiences at Mote Marine Laboratory and Mote Aquarium, including any and all programs run by personnel, volunteers, their successors and assigns, in any and all media, including print and Internet publications.
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Please check ONE of the following boxes.

I, the undersigned, HEREBY RELEASE AND DISCHARGE Mote Marine Laboratory & Aquarium from any and all claims and demands arising out of or in conjunction with the use of visual, audio, print or any other type of media recording.

I, the undersigned, **DO NOT** AGREE WITH THE ABOVE AND **DO NOT** want to be photographed, filmed, and/or interviewed or write anything for the above purposes.

**PARTICIPANT'S SIGNATURE OR
PARENT/GUARDIAN IF PARTICIPANT
IS UNDER 18 YEARS OF AGE**

DATE

Address: _____
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Phone Number: _____
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