South Slough National Estuarine Research Reserve

Photograph and Name OPT-OUT Release

Please complete and return this form <u>ONLY</u> if you do <u>NOT</u> wish for The Reserve to record your participation and appearance on any recorded medium.

My signature indicates that I do not wish The Reserve to record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet). I understand The Reserve will make reasonable efforts to comply with my request. If I become aware of The Reserve using a recording of my likeness, I will notify The Reserve.

Furthermore, if you DO NOT give permission to share any of the following information, please check the box(es):

☐ Name/affiliation ☐ Photo/video ☐ Audio recording

I declare that I am at least 18 years of age and the subject of this release or am parent or legal guardian of the subject and have every right to contract in my own name as stated above.

Name (please print) _____

Signature _____ Date _____

======== REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE =======

Child's name (please print) _____

Parent or Guardian Signature _____