

Rainforest Alliance  
665 Broadway, Suite 500  
New York, NY 10012

Permission to Use Photographs/Videos

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to the Rainforest Alliance, its representatives and employees the right to take photographs or video of me and my property in connection with the above-identified subject. I authorize the Rainforest Alliance, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Rainforest Alliance may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)