



Society of Wetland Scientists Video Consent Form

I am recorded, pictured or identified in video or audio documentary, interviews, films, recordings, and/or photographs that is being provided to and used by the Society of Wetland Scientists ("SWS").

I agree and consent to the use by SWS and their agents and affiliates of my name, picture and likeness by SWS.

Parent/Guardian Consent if Under Age 18

If the above identified individual is under the age of 18, I the undersigned parent or guardian declare under the penalty of perjury that: I have read and understand the foregoing; I have authority to consent on behalf of the above identified individual; and my signature below confirms my consent and agreement to the above consent and release form:

Signature: _____

Address: _____

Print Name: _____

Phone: _____

Email: _____